

Registration District No. 52 Primary Registration District No. 5182 Registrar's No. 72

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural Shannon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 miles East Fruitland Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(e) State Missouri (b) County Cape Girardeau
(c) City or town Rural 16
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles East Fruitland 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME JOHN ANTHONY MARTIN
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 22
year 1948 hour 11 minute 15 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Daisy Garner Martin 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct 1, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May, 1948, to Aug 22, 1948;
that I last saw h im alive on aug 22, 1948;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 10 21 hr. min.

Immediate cause of death Cerebral hemorrhage Duration 2 days
Due to Cerebral sclerosis 5 yrs
Due to Hypertension 5 yrs.

9. Birthplace Pocahontas Mo. 0
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Farming
11. Industry or business _____
12. Name John Martin
13. Birthplace Pocahontas Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Reek
15. Birthplace Old Appleton Mo. 0
(City, town, or county) (State or foreign country)

Major findings: G3W
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Clyde Bud Martin
(b) Address Oak Ridge Mo.
Rural (b) Date thereof 8-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director W. Miller
(b) Address 8-23-48
19. (a) 8-23-48 (b) D. S. Seibert
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. E. Ruff (M. D. or other) MO
Address Jackson Mo Date signed 8/23/48

RECEIVED

District Health Officer No. 4

File Number 948-

Date 9-9-48

SEP 9 AMN

SEP 15 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Gene C. Cavanaugh*

Licensed Embalmer No. 4327

P. O. Address *Jackson, Miss*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.