

No. 2  
5-43  
-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 10 1948**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**28552**

Registration District No. 324 Primary Registration District No. 3072 State File No. \_\_\_\_\_ Registrar's No. 183

**1. PLACE OF DEATH:**  
(a) County Saline  
(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Fitzgibbons Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Minuets  
(Specify whether  
In this community 27 Years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Saline **97**  
(c) City or town Nelson Rural **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. # 2 **0**  
(If rural, give location) **0**  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Reuben Dooley Martin  
3. (b) If veteran, name war No. 3. (c) Social Security No. # \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. **DATE OF DEATH:** Month Aug day 26  
year 1948 hour 09 minute 15 M.  
21. I hereby certify that I attended the deceased from I investigated  
had no information as yet 8-26-1948  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mabel Neerman  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 22, 1873  
(Month) (Day) (Year)

Immediate cause of death Killed by Car on  
Highway 40 - Turn and  
run driver. Unknown  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>4</u>	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_

9. Birthplace Buchannon Co. Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_

Of operations \_\_\_\_\_  
Of autopsy No.  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Pryor Martin  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie Griffiths  
(b) Address Nelson, Mo. #2  
17. (a) Removal (b) Date thereof 8-30-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Atchison, Kansas  
18. (a) Signature of funeral director J. Leali Bursey  
(b) Address 221 Marshall  
19. (a) Aug-25-1948 (b) J. Leali Bursey  
(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) Killed by car  
(b) Date of occurrence Aug. - 26. 1948 **97**  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, or public place?  
On High way 40. 1/2 mile S. of junction  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury In car  
23. Signature L. Lawless Coroner (M. D. or other) **3**  
Address Marshall No. \_\_\_\_\_ Date signed 8-27-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

9-9-48

SEP 14 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 \_\_\_\_\_

*J. Lucie Surrency*

Licensed Embalmer No. 3235

P. O. Address *Marshall, Mo*

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

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