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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1948

Registration District No. 136

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 30131

Registrar's No.

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

**1. PLACE OF DEATH:**

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 44 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 2736 East 15th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Eugene A. MARTIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Ida M. Martin

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September (Month) 20 (Day) 1878 (Year)

8. AGE: Years 70 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Shelbina, Mo. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Pres. Martin Machinery Co.

11. Industry or business Martin Machinery Co.

FATHER
12. Name James E. Martin
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Catherine Buford
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Ida M. Martin
(b) Address 2736 East 15th St. Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 West 4th St. Joplin, Mo.

19. (a) 9-25-48 (Date received local registrar) (b) Ed D. James (Registrar's signature)
by Dolores Humphries Dr.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 24th year 1948 hour 10:07 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 8, 1948, to Sept. 24, 1948, that I last saw him alive on Sept. 24, 1948, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral hemorrhage | 5 days |
| Coronary occlusion | 6 |
| Due to Hypertension - mild | ? |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations X
Of autopsy X

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

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. T. Blanke (M. D. or other) MD
Address Sept. 27, Friendly Joplin Mo. Date signed 9-27-48

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(Licensed Embalmer's Statement on Reverse Side)

58-9-823

**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 Jesse A Sullivan Registered Apprentice No. 99, working under my personal supervision.

Signed Chas M Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin 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.**