No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

37428

State File No.

Registration District No. 227

Primary Registration District No. 5804

Registrar's No. 57

9
3

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

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town RURAL - JACKSON TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. # 3, PARIS. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 51 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONROE 69
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #3, PARIS 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME HOMER CORNELIUS MARTIN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife MINNIE MARTIN
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased DEC. (Month) 24, (Day) 1871 (Year)

8. AGE: Years 76 | Months 11 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace LINCOLN CO. (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation RETIRED FARMER
11. Industry or business
FATHER
12. Name THEO. F. MARTIN
13. Birthplace (City, town, or county) MARYLAND (State or foreign country) 1
MOTHER
14. Maiden name NANCY J. JONES
15. Birthplace (City, town, or county) VA. (State or foreign country) 1
16. (a) Informant MRS. ERNEST HEDDEN
(b) Address HANNIBAL, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE
18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.
19. (a) 11-30-48 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature) 205

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 30
year 1948 hour minute A.M.
21. I hereby certify that I attended the deceased from Sept 2, 1948 to Nov 30, 1948
that I last saw him alive on Nov 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrum Thrombosis Decl. [illegible]
Due to [illegible]
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 94 W
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature Geo M. Keppler (M. D. or other)
Address PARIS, MO. Date signed 11-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-48-2068
Date Filed DEC 4 - 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 E. L. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.