

Registration District No. **274** Primary Registration District No. **3052**

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

1. PLACE OF DEATH:
(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
-- 1301 E 7th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **--** (Specify whether
In this community **4 1/2 yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Christina R. Martin**
3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William G. Martin** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **December 15, 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	11	15	-- hr. -- min.

9. Birthplace **Ionia, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **--**
12. Name **Christ Fredrick Binder**
13. Birthplace **Nahomi County, Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Josephine Herman**
15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. T. Martin**
(b) Address **240 S. Quincy, Sedalia, Mo.**
17. (a) **Burial** (b) Date thereof **Dec. 3, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Thane Ewing**
(b) Address **7th & Osage, Sedalia, Mo.**

19. (a) **12/3/48** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1301 E. 7th** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **--**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **1**
year **1948** hour **2:50 PM** minute **--** M.
21. I hereby certify that I attended the deceased from
Dec. 11/30, 1948 to **12-1, 1948**
that I last saw him alive on **11/30 "48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of lungs & spine**
not all spine
Due to **?**
Due to **?**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **NO**
(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? **U**

While at work? **--** (Specify type of place)
(c) Means of injury **--**
23. Signature **Dr. Dyer** (M. D. **M.D.**)
Address **Sedalia Mo** Date signed **12/3/48**

Duration **1 yr.**
PHYSICIAN **--**
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-29-48

DEC 31 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 _____

Richard D. Conn, Registered Apprentice No. 261
working under my personal supervision.

Signed Phane Ewing

Licensed Embalmer No. 38547

P. O. Address Sedalia 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.