

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN Eminence	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 301 hours		e. STREET ADDRESS (If rural, give location) 10101	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) D.	c. (Last) Martin	4. DATE OF DEATH (Month) (Day) (Year) 4-24-56
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-17-95	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Eminence, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James S. Martin	13b. MOTHER'S MAIDEN NAME Minerva Fincher	14. NAME OF HUSBAND OR WIFE Lucy Martin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO.	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of unidentified cerebral artery		DUE TO (b) Arteriosclerosis		3 days
II. OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus		DUE TO (c) Arteriosclerotic heart disease with recent myocardial infarction		5 years
				6 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332x

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-23**, 19**56**, to **4-24**, 19**56**, that the deceased died on **4-24-56**, and that death occurred at **6:05 pm.**, from the causes and on the date stated above.

23a. SIGNATURE W. K. Fitzpatrick M.D.	23b. ADDRESS VAH, ST. LOUIS, MO.	23c. DATE SIGNED 4-24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 4-25-56	24c. NAME OF CEMETERY OR CREMATORY Mountain View, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. APR 27 1956	REGISTRAR'S SIGNATURE J. Carl Smith Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Duncan F.H., Mountain, View, Mo.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *W E Morris*.....

Licensed Embalmer No. *336*.....

P. O. Address *St Louis*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**