

Registration District No. 351

Primary Registration District No. 4295

Registrar's No. _____

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Deepwater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____
In this community 7th Ave Home (Specify whether years, months or days) 31

3. (a) PRINT FULL NAME Alva Carlton Martin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 11 1899
(Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Insured

11. Industry or business _____

12. Name A. C. Martin

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lorina Copey

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alva Carlton Martin

(b) Address Deepwater Mo.

17. (a) Burial (b) Date thereof 3-10-14
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loxley City Mo

18. (a) Signature of funeral director T. H. H. St.

(b) Address Deepwater Mo.

19. (a) 3-10-14 (b) J. J. Russell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1914 hour 12:30 minute 15 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous: Elderly debility. Paralyzed from birth Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

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? _____

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

23. Signature J. J. Russell (M. D. or other) _____
Address Deepwater Mo. Date signed 3/10/14

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District File Number Y-40
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.