

Registration District No. 351

Primary Registration District No. 4208

Registrar's No. 2

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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community at home years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Deepwater
(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

8. (a) PRINT FULL NAME Allen Benjamin Martin

8. (b) If veteran, name war Mo 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3

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

7. Birth date of deceased Aug 11, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 5 11 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Lewis M. Martin

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

14. Maiden name Rhoda Thomas

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

16. (a) Informant's own signature Harry J. Martin

(b) Address 3007 W. 23rd St. Mo

17. (a) Burial (b) Date thereof 1-23-41
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater Cem.

18. (a) Signature of funeral director John Russell

(b) Address Deepwater, Mo

19. (a) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1941 hour 4 AM minute _____ M.

21. I hereby certify that I attended the deceased from 18 Jan 1941 to Jan 22 1941 that I last saw him alive on Jan 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Thorax complication

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 10'

Major findings: Of operations _____

Of autopsy _____

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? 345

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

23. Signature J. Russell (M. D. or other)

Address Deepwater Date signed 2-15-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

WHILE I LIVE—USE UNFADING BACK INK—MAKE A PERMANENT RECORD
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 2-41-333
Date Filed 2-12-41

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 *Tom Hurst*
Licensed Embalmer No. 2787
P. O. Address *Durham*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 2716

Registration District No. 357

Primary Registration District No. 4208

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Desperater
(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 (Specify whether)
In this community years, months or days

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.?

3. (a) PRINT FULL NAME

Allen Benjamin Martin

(b) If veteran, name war

(c) Social Security No.

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 52 Months 05 Days 11 If less than one day

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (c) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 1 day 23 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above. Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature J. J. Russell (M. D. or other)

Address Desperater Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTAL COPY

