

No. 2  
4-13-40  
5-17-39  
X23159

Registration District No. 16 1947

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County HENRY

(b) City or town CLINTON

(c) Name of hospital or institution General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Hours  
(Specify whether)

In this community   
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair MS

(c) City or town Lowry City MO  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) If foreign born, how long in U. S. A.  1 years.

3. (a) PRINT FULL NAME Earl Jackson Martin

3. (b) If veteran, name war

3. (c) Social Security No. 493-16-202

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9  
year 1941 hour 2 minute 15 AM

4. Sex M D 5. Color or race White

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

6. (b) Name of husband or wife Ruth

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased NO 4 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/9/1941 to 3/9/1941  
that I last saw him alive on 3/9/1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 4 Days 5  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Deceased had been in a car accident and was dying when

Due to arrived. My impression is immediate cause of death was a sudden hemorrhage

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

10. Usual occupation Farmer

Other conditions fractured skull due to car accident  
(Include pregnancy within 3 months of death)

Major findings: Car accident  
Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name A.C. Martin

13. Birthplace O'Connell Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Loone Cooper

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

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 3/9/41 095

(c) Where did injury occur? Lowry City, St. Clair, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway

16. (a) Informant George Martin

(b) Address Lowry City Mo

17. (a) Burial (b) Date thereof 3 11-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowry City Mo

18. (a) Signature of funeral director Fred W. ...

(b) Address Clinton Mo

19. (a) 3-10-41 (b) Dr. P. S. Hallinger  
(Date received local registrar) (Registrar's signature)

While at work? No (c) Means of injury Car accident

23. Signature Dr. P. S. Hallinger (M.D. or other) 1

Address Clinton Mo Date signed 3/10/41

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

170C4  
98

RECEIVED  
District Health Officer No. 7  
District File Number  
Date Filed  
11/15/98

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 *Fred W. McKesson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10778

Registration District No. 247

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Earl Jackson Martin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced sw

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year

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

8. AGE: Years 50 Months 4 Days 5 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

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) \_\_\_\_\_ (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) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ 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 Decerebral Hemorrhage Duration \_\_\_\_\_

been in a car accident and was

Due to dying when I arrived

Due to immediate cause of

death brain hemorrhage

Other conditions fract skull and

car accident

Major findings: no collision but de-

ceased ran off of road and hit

Of autopsy fixed object (bridge)

accident occurred on a state maintained

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) acc Highway  
(b) Date of occurrence Louis City mo  
(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?  
on Hwy \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Dr. R. S. Halligan (Date of other) W.P.  
Address Clinton Date signed 6/7/41

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

SUPPLEMENTARY 1700 27

MOTHER FATHER

1941  
S-10778