

FILED DEC 11 1942

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 219

1. PLACE OF DEATH:

(a) County Vermon

(b) City or town Clinton

(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 50 years (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

(d) Street No. 613 E Franklin  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Wm Hutchin Martin

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 23, year 1942 hour 10 minute 20 P. M.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan 19 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 18, 1942 to Nov 23, 1942 that I last saw h. w alive on Nov 23, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 10 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Chronic Nephritis (Bright's disease) with Uremia

Due to 1316

Due to \_\_\_\_\_

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

10. Usual occupation retired farmer

Other conditions Chronic Hypertension  
(Include pregnancy within 3 months of death)

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

12. Name Jeff Martin

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

14. Maiden name Elizabeth Martin

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

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Hutch Martin

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consuelo + Beck

(b) Address Clinton Mo

19. (a) Nov. 25, 1942 (Date received local registrar)

Georgia Kitchener (Registrar's signature)

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)

23. Signature Dr. R. S. Salguero (Physician's signature) Date signed 11/25/42

Address Clinton Mo

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

MOTHER FATHER

42  
2

42  
2

Duration

1 year  
3 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

filed

1069

NOV 10 1958

RECEIVED

District Health Officer No. 7  
District File Num. 12-42-1343  
Date Filed 12-10-42

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

*J. E. Conner*

Licensed Embalmer No. 1891

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.