

FILED MAR 16 1943

Registration District No. 37

Primary Registration District No. 3023

Registrar's No. 37

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: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hrs (Specify whether
In this community all of his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Deepwater
(If outside city or town limits, write "RURAL")
(d) Street No. No Street #
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Homer Lee Martin

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-09-8873

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Eva Martin
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased 7 30 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1943 hour 3 minute 00 A.M.
21. I hereby certify that I attended the deceased from 2-2 1943 to 2-3 1943
that I last saw him alive on 2-3 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 6 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Coal Miner

11. Industry or business _____

12. Name Wm Martin
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Lydia McGinness
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Martin

(b) Address Deepwater Mo

17. (a) Burial (b) Date thereof 2-3-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownington Cem

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. (a) Feb 4 1943 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

Immediate cause of death Fractured Skull Duration 1 da
Due to _____
Due to _____
Other conditions 1700' 1720'
(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) accident 042
(b) Date of occurrence 2-2-43
(c) Where did injury occur? Clinton Henry Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
U.S. Highway #13 auto accident
While at work? _____ (e) Means of injury _____

23. Signature H. S. Walker, D. (M. D. or other) M.D.
Address Clinton Mo Date signed 2-4-43

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

MOTHER FATHER

1269

2
1
2

H. Y.

District Health Officer No. 7,
District File Number 2-43-69
Date Filed 3-8-43

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

GL WILKINSON

Registered Apprentice No. 341

working under my personal supervision.

Signed

Herb Wilkerson

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.