

S. No. 2  
 JUN 17 1943  
 FILED JUN 17 1943

DEPARTMENT OF COMMERCE  
 BUREAU OF CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21466

State File No. ....

Registrar's No. 85

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:  
 (a) County HENRY  
 (b) City or town CLINTON  
 (c) Name of hospital or institution:  
901 N 2ND ST 1  
 (d) Length of stay: In hospital or institution 7 YRS  
 In this community 7 YRS

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County HENRY  
 (c) City or town CLINTON  
 (d) Street No. 901 N 2ND  
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JAMES T MARTIN  
 (b) If veteran, name war —  
 (c) Social Security No. —

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Apr day 30  
 year 1943 hour 1 minute 15 P.M.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced SINGLE  
 6. (b) Name of husband or wife —  
 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased 2 10 1864  
 (Month) (Day) (Year)

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

8. AGE: Years 79 Months 2 Days 20  
 If less than one day — hr. — min.

Immediate cause of death Deceased did not have a doctor and was called as coroner when he was found dead. No signs of violence and he died of death by natural causes. Presumably Coronary Occlusion  
 Other conditions —  
 (Include pregnancy within 3 months of death)

9. Birthplace Deepwater Mo  
 10. Usual occupation Coal Miner

MOTHER FATHER {  
 11. Industry or business —  
 12. Name UNKNOWN  
 13. Birthplace UNKNOWN  
 14. Maiden name UNKNOWN  
 15. Birthplace UNKNOWN

PHYSICIAN —  
 Major findings: —  
 Of operations —  
 Of autopsy —

16. (a) Informant Mrs Lucy RAINS  
 (b) Address CLINTON MO  
 17. (a) Burial (b) Date thereof 5 2 43  
 (c) Place: burial or cremation Deepwater Cem  
 18. (a) Signature of funeral director Fred Wilkinson  
 (b) Address CLINTON MO  
 19. (a) May 2, 1943 (b) Georgia Kitcher  
 (Date received local registrar) (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) (e) Means of injury —  
 23. Signature R. P. S. Hallenquist (M.D. or other)  
 Address Clinton Mo Date signed 5/2/43

1905

RECEIVED

District Health Officer No. 7;

District File Number 5-43-534

Date Filed 6-14-43

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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Fred Welkner

Licensed Embalmer No. 2476

P. O. Address Clinton 7

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.