

FILED OCT 23, 1947

State File No. \_\_\_\_\_

Registration District No. 38

Primary Registration District No. 5516

Registrar's No. 275

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Calhoun  
(c) Name of hospital or institution: Springfield Hosp.  
(d) Length of stay: In hospital or institution 69 years  
In this community 69 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Calhoun  
(d) Street No. Ro  
(e) Citizen of foreign country? Yes No

3. (a) PRINT FULL NAME William Henry Martin  
(b) If veteran, name war ✓  
(c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 4  
year 1947 hour 2 minute 05 AM  
21. I hereby certify that I attended the deceased from 1947 Sept 3  
that I last saw him alive on 1947 Sept 4  
and that death occurred on the date and hour stated above.

4. Sex M O 5. Color or race W  
6. (a) Single, widowed, married, divorced, Married  
(b) Name of husband or wife Dora E Martin  
(c) Age of husband or wife if alive 63 years  
7. Birth date of deceased 11-18-82

Immediate cause of death Prostate & Metastasis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 69 Months 10 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Henry County Mo

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name George Martin  
13. Birthplace Ill.  
14. Maiden name Cydie Marlow  
15. Birthplace Mo

16. (a) Informant Dora E Martin  
(b) Address Calhoun Mo  
17. (a) Burial (b) Date thereof 10-7-47  
(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director J. H. Kennedy  
(b) Address Calhoun Mo  
19. (a) 10-16-47 (b) R. H. Kennedy

Major findings: Of operations 462  
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? \_\_\_\_\_  
(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. H. Kennedy (M. D. or other) \_\_\_\_\_  
Address Calhoun Mo Date signed 10-16-47

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

0  
0  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10-20-47  
9-47-1222  
OFFICE NO. 3  
RECEIVED  
OCT 20 1947  
STATE OF MISSISSIPPI

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

Signed J. C. Halsey  
Licensed Embalmer No. 3502  
P. O. Address Calhoun Ga

**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.