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13-40
7-39
K23159

Registration District No. 664

Primary Registration District No. 5892

Registrar's No. 2

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Smithton Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
RFD # 1
(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 Vernon Lester Martin (Pitts)

3. (b) If veteran, name war _____ 3. (c) Social Security No. 279-03-2946

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilma 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 24 1904
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>36</u>	<u>6</u>	<u>24</u>	hr. _____ min.

9. Birthplace Irvington Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Tile worker

11. Industry or business Tile manufacturing

12. Name William Martin

13. Birthplace Chandlersville Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Letha Weckard

15. Birthplace Irvington Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Wilma Martin

(b) Address Smithton Mo., RFD # 1

17. (a) Burial (b) Date thereof 1/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Missouri

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Missouri

19. (a) Jan 22 (b) Mrs J L Mowser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Smithton Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. RFD # 1
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 10
 1940, to Jan 20 1941
 that I last saw him alive on Jan 20 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death
Silicosis

Due to _____
 Due to _____

Other conditions
(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) _____
 (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)
 _____ (Specify means of injury)

23. Signature [Signature] (M. D. or other) _____
 Address Smithton Mo Date signed 1/22/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-19-11

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 L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.