

Filed JAN - 6 1943

Registration District No. _____

Primary Registration District No. 3015

Registrar's No. 51

1. PLACE OF DEATH: Clinton

(a) County: Cameron

(b) City or town: _____

(c) Name of hospital or institution: 515 W 5th. St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No. (Specify whether years, months or days)

In this community: 50 yrs.

2. USUAL RESIDENCE OF DECEASED: 25

(a) State: Missouri (b) County: Clinton /

(c) City or town: Cameron /
(If outside city or town limits, write "RURAL")

(d) Street No.: East Prospect St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: Adolph George Marton

MEDICAL CERTIFICATION

3. (b) If veteran, name war: _____

3. (c) Social Security No.: 496-07-205

20. DATE OF DEATH: Month: Dec. day: 20
year: 1942 hour: 9:50 A.M. minute: _____ M.:

4. Sex: Male

5. Color or Race: White

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

6. (b) Name of husband or wife: Katherine Marten

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: Oct. 16, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 19 to Dec 20, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	65	2	4	hr. min.

Immediate cause of death: Broncho pneumonia 3 days

9. Birthplace: Scott Co. Iowa /
(City, town, or county) (State or foreign country)

Due to: _____

Due to: _____

Other conditions: 107
(Include pregnancy within 3 months of death)

10. Usual occupation: Farmer & Day Laborer

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

11. Industry or business: _____

12. Name: John Marten

13. Birthplace: _____ Germany 4
(State or foreign country)

14. Maiden name: ~~Anna Marten~~

15. Birthplace: _____ Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Meta Marten

(b) Address: Cameron

17. (a) Burial (b) Date thereof: 12-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Harlan Cemetery

18. (a) Signature of funeral director: Poland Funeral Home

(b) Address: _____

19. (a) 12-21-42 Mrs. Madeline Harris
(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? _____

23. Signature: J. O. Willard M.D. (M. D. or other) _____
Address: _____ Date signed: Dec 21-1942

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

25
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1086

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 Gerald F. Wade.....

Licensed Embalmer No. 4172.....

P. O. Address Cameron.....

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.