

No. 2
3-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1948
Registration District No. 55

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9361
Registrar's No. 26

Primary Registration District No. 5-192

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton Comas Tun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural, 7 Miles N.E. of Carrollton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 Yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 7 Miles N.E. of Carrollton
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emmett Franklin Martin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 17 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 25 _____ hr. _____ min.

9. Birthplace Somerton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Samuel Martin

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

14. Maiden name Mary Berry

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

16. (a) Informant Mrs. Chas. S. Reid

(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof 3/14/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

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

(b) Address Carrollton, Mo.

19. (a) 3-14-48 (b) Mrs. James Rafferty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1948 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 29th 1940
to Jan 14th 1948
that I last saw him alive on Jan 14th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to Arterio-sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 131
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) (e) Means of injury 0

23. Signature W.G. Atwood (M. D. or other) _____

Address Carrollton Mo Date signed 3/15/48

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

1052

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4/6/45

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

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Carrollton, Md.

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.