

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4629
Registrar's No. 34

Registration District No. 137 Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution Elks Hall - 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Clinton (If outside city or town limits, write "RURAL")
(d) Street No. 209 S. Bond St 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HOMER HILAND MARTIN
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 9
year 1947 hour 10 minute 45 P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw _____ give _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

7. Birth date of deceased Aug 11 - 1879
(Month) (Day) (Year)
8. AGE: Years 67 Months 5 Days 29
If less than one day hr. _____ min. _____

Coronary Thrombosis immediate
Due to _____
Due to _____

9. Birthplace Reading Mich
(City, town, or county) (State or foreign country)

Other conditions Chronic Hypertension 1 year
(Include pregnancy within 3 months of death)

10. Usual occupation Printer
11. Industry or business Printer
12. Name William Martin
13. Birthplace Mich
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Harry H Martin
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-47
(Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem
18. (a) Signature of funeral director Consalus & Peck
(b) Address Clinton Mo
19. (a) 2-12-47 (Date received local registrar) (b) R. R. Resney (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)
(a) Means of injury 3
23. Signature R. R. Resney (M. D. or other) Carver
Address Clinton Mo Date signed 2/11/47

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

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DISEASE THE
DISEASE THE
DISEASE THE
DISEASE THE

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.....

R. B. Kenney

Licensed Embalmer No. 3999

P. O. Address Clinton 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.