

FILED MAR 4 1947

State File No. _____

Registration District No. 365

Primary Registration District No. 6240

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural, Belgrade Harmony
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 miles west of Belgrade
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 miles west of Belgrade
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1947 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from 7-27-1947 to 2-18-1947
that I last saw him alive on 2-18-1947
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis
ne phroses

Duration

Due to _____

Due to _____

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

Major findings: BIA
Of operations _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J.P. Geurgum (M. Doctor)
Address Ironton, Mo Date signed 2-23-47

3. (a) PRINT FULL NAME Wallace Isiah Martin

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Janie Martin 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Feb. 29 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired; farmer

11. Industry or business _____

12. Name James Martin

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

14. Maiden name Unknown

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

16. (a) Informant Louis Martin

(b) Address Quaker Missouri

17. (a) burial (b) Date thereof 2-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quaker Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Missouri

19. (a) 2-27-47 (b) Ella J. White
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 4
District File Number 347-310
Date Filed 3-3-42

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 W. J. White
Licensed Embalmer No. 3012
P. O. Address San Antonio, Tex.

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.