S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 18446

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 43

**1. PLACE OF DEATH:**
(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 141 Benton St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 2 months

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Ray 89
(c) City or town Richmond /
(If outside city or town limits, write "RURAL")
(d) Street No. 141 Benton St. /
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William John Martin, Jr.
3. (b) If veteran, name war None
3. (c) Social Security No. 491-07-2633
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Isabelle Wells
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased May 24, 1914 (Month) (Day) (Year)
8. AGE: 32 Years, Months 11, Days 3; If less than one day hr. min.
9. Birthplace Milton (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Grocery manager
11. Industry or business Grocery store
FATHER 12. Name Wm. John Martin, Sr. 0
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Etta Vroman
15. Birthplace Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Isabelle Martin
(b) Address Richmond, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Missouri
18. (a) Signature of funeral director Quest-Lile F.H.
(b) Address Richmond, Missouri.
19. (a) May 5-1947 (Date received local registrar) (b) Mabel Jackson (Registrar's signature) 272

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 27 year 1947 hour 2:00 A.M. minute M.
21. I hereby certify that I attended the deceased from 4-27-47, 19.. to 4-27-47, 19..; that I last saw him alive on 4-27-47, 19..; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Thrombosis | 1 hr |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 94A | |
| Of autopsy | |

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

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? (Specify type of place)
While at work (e) Means of injury 0
23. Signature Thos J Conn (M. D.)
Address Richmond, Mo. Date signed 5-5-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-16-47

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 George [illegible]

Licensed Embalmer No. 4066

P. O. Address Richmond 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.**