S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5802

Registration District No. 282 Primary Registration District No. 5978 Registrar's No. 21

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pack
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: B. William MARTIN
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Sarah Alice
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Oct (Month) 21 (Day) 1864 (Year)

8. AGE: Years 83 Months 4 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace: Cedar Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Retired Farmer
MOTHER FATHER
12. Name: William Martin
13. Birthplace: unknown (City, town, or county) Tenn. (State or foreign country)
14. Maiden name: Sarah Ann Frost
15. Birthplace: unknown (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant: Lelia Henry
(b) Address: Humansville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Finley Cemetery
18. (a) Signature of funeral director: E. H. Simm
(b) Address: Humansville Mo
19. (a) March 4, 1948 (Date received local registrar) (b) Ralph Borden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1948 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Feb 6, 1948, to Feb 28, 1948, that I last saw him alive on Feb 18, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to ____

Due to ____

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

Major findings: Of operations ____ Of autopsy ____

Duration

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 ____

23. Signature: D. E. D. Brown (M. D. or other) D.O.
Address: Collins Mo Date signed: 3-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-214
Date Filed 3-9-48

APR 27 1948

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 William W. Northrop, Registered Apprentice No. not issued as yet working under my personal supervision.

Signed E H Prunn

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.