

FILED JUL 15 1948
Registration District No. **137**

Primary Registration District No. **5505**

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural - Bonnal Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2 mi. W. of Union, 1/2 mile north of
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Rural - Union
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi. W. of Union, 1/2 mile north of
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John M. Martin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5
year 1948 hour 6 minute 30 AM.

21. I hereby certify that I attended the deceased from July 3-4-48
to 7-4-48, 1948, that I last saw him alive on 7-3-48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 2 days

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced unmarried

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: Oct. 27 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name unknown

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 Shirley Martin

(b) Address Crypts (Rt. 1) Mo.

17. (a) Burial (b) Date thereof 7-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Mo.

18. (a) Signature of funeral director Frank Williams

(b) Address Union, Mo.

19. (a) 7-6-48 (b) R. H. Kenney
(Date received local registrar) (Registrar's signature)

Due to Heart failure

Due to _____

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

Major findings: 80
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause of 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 J. W. O'Leary (M. D. physician)
Address Union, Mo. Date signed 7-5-48

RECEIVED
District Health Office
District File Number 801
Date Filed 7-14-66

VS
APR 5
1966

F. H. M. 4206

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 W. B. Beavis Jr., Registered Apprentice No. 517 working under my personal supervision.

Signed *J. E. Williams Jr.*
Licensed Embalmer No. 4510
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.