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FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29271

State File No.

National Office of Vital Statistics
FILED SEP 25 1948

Primary Registration District No. 5303

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Cole Co. Jefferson Twp

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

(c) Name of hospital or institution R.H. Jefferson City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

(d) Street No. California, Mo. 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME HARRY LIMAN MARTIN

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1948 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from May 2
1948 to August 1 1948
that I last saw him alive on August 1 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Mary Martin

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Sept 23 1867
(Month) (Day) (Year)

Immediate cause of death Malnutrition

Due to Periculous Quinia

Due to.....

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

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>11</u>	<u>16</u>hr.min.

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

10. Usual occupation Farming

11. Industry or business.....

12. Name Mathieu Martin

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

14. Maiden name Estel Caldwell

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

16. (a) Informant Mrs. Mary Martin

(b) Address California, Mo.

17. (a) Burial (b) Date thereof 9-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic, exp.

18. (a) Signature of funeral director Blough E. Williams

(b) Address California, Mo.

19. (a) 9-11-48 (b) R.P. Burris
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings:
Of operations.....

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?.....

(e) Means of injury 2

23. Signature R.P. Burris (M. D. or other) D.O.

Address California Date signed 9/11/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed SEP 24 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.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.