

DEC'D SEP 23 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

29222

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 412  
 (b) Township Northvale Primary Registration District No. 5570 Registered No. 5  
 (c) City Northvale # (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
11 1 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. School  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orion, Missouri

FATHER 13. NAME Richard Earl Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Missouri

MOTHER 15. MAIDEN NAME Viola Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orion, Missouri

17. INFORMANT (ADDRESS) Mrs. Viola Smith, R #1 Orion, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville, Tenn. DATE 8/14, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wells City, Tenn.

20. FILED 8/29, 1938 Charles E. Seaf Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 I last saw him alive on Aug 12, 1938 Death is said to have occurred on the date stated above, at 11:30 a.m. 8/12/38  
 The principal cause of death and related causes of importance were as follows:

Compound fracture of left side of head  
 Date of onset 8/12/38

Other contributory causes of importance:  
Ribcage fracture without displacement and was struck by automobile

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 8/12/1938

Where did injury occur? Jasper, Cass Co., Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: on highway or road

Manner of injury Automobile accident

Nature of injury fracture Compound of skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) A. J. Winchester, Coroner, M. D.

(Address) Jasper, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-63

Date Filed 9-20-38

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, Myself,

....., or by .....

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

Signed Clayton W. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.