

REC'D OCT 19 1938

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

**31852**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Callaway Registration District No. 109  
 (b) Township Cedar Primary Registration District No. 18155  
 (c) City..... (d) Street No..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** John W. Martin

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/26 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 10 18

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. Farmer  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME John Martin

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Nichols

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

17. INFORMANT J. F. Martin (ADDRESS) Ashland Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville DATE 9/16? 1938

19. FUNERAL DIRECTOR (NAME) Ashland Undt. Co (ADDRESS) Ashland Missouri

20. FILED Oct 10 1938 E. McLaughlin Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/14 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1938 to Sept 14 1938

I last saw him alive on Sept 12 1938 Death is said

to have occurred on the date stated above, at 8:00 pm

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis: clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify..... (Signed) H. B. Ryan M. D.

(Address) Ashland Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

**Wm C, Burnett**

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

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

Signed.....



Licensed Embalmer No. **3564**

P. O. Address **Ashland Missouri**

**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, above space should be left blank.**