

REC'D OCT 21 1938

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

32355
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 391
(b) Township Acacia Primary Registration District No. 4230 Registered No. 57
(c) City Horton (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Francis Martin 635
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓ (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-7-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .0 hrs. or min.
0 0 0

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. _____
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) Acacia Valley Hospital
Horton, Mo.

FATHER 13. NAME Roy Williams Martin 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kowa 1

MOTHER 15. MAIDEN NAME Cora Cecelia Roth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hope, Kansas

17. INFORMANT Miss Nora Bull
(ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob Cath. DATE 9/8 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Riche & Richardson
Horton Mo.

20. FILED Sept 22, 1938 R. A. Rasche
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 7 1938

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1938, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

stillbirth

Date of onset

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.