

1939 JAN 13 1939

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

41667
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Tan Primary Registration District No. 1002 Registered No. 4733
(c) City Tanana City (d) Street No. 222 Genl Hoib St.
(If death occurred in hospital or institution, write name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. 6 3 15 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1727 Tanana 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-21-1882

7. AGE YEARS 56 MONTHS 1 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. night watchman
9. Industry or business in which work was done, as saw mill, bank, etc. Prostate
10. Date deceased last worked at this occupation (month and year) 11-29-1938 11. Total time (years) spent in this occupation 131

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

FATHER 13. NAME Albert Martin

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Rebecca Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Field Court DATE 11-5-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. J. P. Campbell

20. FILED 1938 Th. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-20-1938 to 11-29-1938
I last saw him alive on 11-29-1938 Death is said to have occurred on the date stated above, at 2:50 PM
The principal cause of death and related causes of importance were as follows:

Hypertrophy of Prostate; Post operative Prostatectomy
Other contributory causes of importance: Acute retention of urine

Name of operation Prostatectomy Date of 11-29-1938
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) P. J. De Maria M. D.
(Address) St. J. C. Genl Hospital

N. B.—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,

....., 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.