LEG'D MAY 12 1939

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

14348
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 83 5118
(b) Township Jackson, Primary Registration District No. 5124 Registered No.
(c) City (d) Street No. 2½ Mi. East of Faucett, Mo. R.F.D. # 1 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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 Raymond Eugene Martin,
(a) Residence, No. R.F.D. # 1, Faucett, Mo. 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

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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1914,
7. AGE: YEARS 14 MONTHS 5 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student,
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) April 1939,
11. Total time (years) spent in this occupation 8

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

FATHER
13. NAME Raymond V. Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

MOTHER
15. MAIDEN NAME Helen Bengtson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

17. INFORMANT (ADDRESS) Raymond V. Martin R.F.D. # 1, Faucett, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE April, 24th, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton Berolet Bowman St. Joseph, Mo. Funeral Home
20. FILED 4/23/ 1939 W. S. Hill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 22, 1939 to ....., 19.... Viewed
I last saw ######## ....., 19.... Death is said to have occurred on the date stated above, at 6:30 a m.
The principal cause of death and related causes of importance were as follows:

Embolus of Pulmonary Artery

Date of onset

9102

Other contributory causes of importance:

Acute Endocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? History 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) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg,

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District [illegible] No. 11
District File [illegible] 39-433
Date Filed MAY 4 1939

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, Apr 22, 1[illegible]

[illegible], or by ✓

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

Signed W. E. Summerfeld

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St. [illegible]

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.