

1939 JUL 18 1939

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

22510
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Lafayette Registration District No. 464
 (b) Township 1 Primary Registration District No. 5622A
 (c) City Odessa (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 635 James Henry Martin
 2. PRINT FULL NAME _____
 (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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/27/39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 2
 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) Odessa Mo.
 FATHER 13. NAME Herbert Martin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Mo.
 MOTHER 15. MAIDEN NAME May Raudelmann
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polase Mo.
 17. INFORMANT (ADDRESS) Herbert Martin
 18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa Mo. Cem. DATE 5/29 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Th. Newman
Odessa Mo.
 20. FILED 5/29 1939 Mrs. E. M. Goodwin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1939
 22. I HEREBY CERTIFY that I attended deceased from May 28, 1939, to May 29, 1939
 I last saw him alive on May 29, 1939. Death is said to have occurred on the date stated above at 9 A.M.
 The principal cause of death and related cause of importance were as follows:
Cardiac Imperforate Foramen ovale Date of onset _____
 Other contributory causes of importance: 1570
 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 R. S. Shively M. D.
 (Signed) R. S. Shively
 (Address) Odessa Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM-1 (9-38) I X14028

STATEMENT OF THE LICENSED EMBALMER
CONTAINING FULLY
AND COMPLETELY



Date Filed 7/11/39
District File Number
District Health Officer No. 8

RECEIVED

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.