

REC'D SEP 21 1939

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

30327

Do not use this space.

## 1. PLACE OF DEATH

(a) County Saline Registration District No. 801  
(b) Township Salt Pond Primary Registration District No. 6044 Registered No. 28  
(c) City ..... (d) Street No. ....  
(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

(a) Residence, No. 635 Williams H. Martens  
Sweet Springs, A.T.P. St. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... mln.  
70 8 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Morgan Co. Missouri

FATHER 13. NAME Fred Martens

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

MOTHER 15. MAIDEN NAME Minnie Bultman

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

17. INFORMANT (ADDRESS) Emil Martens  
Grand Pass, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackburn Cemetery DATE Aug 31 1939

19. FUNERAL DIRECTOR (ADDRESS) C. S. James  
Concordia, Mo.

20. FILED Aug 29 1939 Mo. R. E. Peck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1939

22. I HEREBY CERTIFY, That I attended deceased from July 25 1939, to Aug 28 1939  
I last saw him alive on Aug 28 1939. Death is said

to have occurred on the date stated above, at 6 a.m.  
The principal cause of death and related causes of importance were as follows:

Coccyx stomach  
infection Date of onset ?

Other contributory causes of importance: 46

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) Paul Linzell M. D.

(Address) Blackburn Mo

RECEIVED  
District Health Officer No. 8  
District File Number  
9/18/39  
Filed

STATEMENT BY LICENSED EMBALMER

I, E. S. James, Licensed Embalmer No. 2058  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed E. S. James  
Licensed Embalmer No. 2058

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.)