

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

36175  
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 334

(b) Township Bethany Primary Registration District No. 4197 Registered No. 61

(c) City Bethany (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(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 Benjaminize Martin

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>7</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Former Pastor

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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17-1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1939, to Oct 13, 1939

I last saw him alive on Oct 12, 1939. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Reins Cardis Vasculan Insuff. Date of onset 1926

Other contributory causes of importance: Senility

Name of operation None 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? No Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? Ohio (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L

Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) G. H. Harmon M. D.

302 (Address) Bethany Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Mo

FATHER

13. NAME Morris Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co. Ohio

MOTHER

15. MAIDEN NAME Eloza Cady

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

17. INFORMANT Veta Tenney (ADDRESS) Bethany Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mc Fall Cemetery DATE 10-15-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. ...

20. FILED 10-16-1939 A. R. Wehling Local Registrar.

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.

DECLARATION No. 111  
1139/1443  
NOV 7 1939  
Date Filed

**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.**