

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

36384  
Do not use this space.

NOV 24 1939

1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 411  
 (b) Township Jasper Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Jasper (d) Street No. 507 East Fifth St 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Franklin Martin  
 (a) Residence, No. 3106 Main St 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1873  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 0 10  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. President of  
 9. Industry or business in which work was done, as saw mill, bank, etc. Jasper Trust Co.  
 10. Date deceased last worked at this occupation (month and year) Oct. 1939 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Missouri  
 13. NAME James E. Martin  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Missouri  
 15. MAIDEN NAME May Buxton  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamball, Missouri  
 17. INFORMANT (ADDRESS) Mrs. Anna Martin Jasper, Mo.  
 18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Hope DATE Oct. 18, 1939  
 19. FUNERAL DIRECTOR (ADDRESS) Franklin Dillon Jasper, Mo.  
 20. FILED 10-19-39 Ed E. James Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 9-27-, 1939, to 10-16-, 1939.  
 I last saw him alive on 10-14-, 1939. Death is said to have occurred on the date stated above, at 7:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Occlusion Date of onset 9-27-39  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? Yes  
 If so, specify \_\_\_\_\_ (Signed) J. E. James, M. D.  
 (Address) Jasper, Mo.

(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.

Martin

RECEIVED

District Health Officer No. 6,

District File Number 1139-2280

Date Filed NOV 9 1939

STATEMENT BY LICENSED EMBALMER

I, Don Tetrick, Licensed Embalmer No. 4008

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Don Tetrick

Licensed Embalmer No. 4008

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.)