

NOV 24 1939

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

36626
Do not use this space.

1. PLACE OF DEATH
 (a) County Macon 2 Registration District No. 529
 (b) Township Morrow 1 Primary Registration District No. 5706 Registered No. _____
 (c) City Callao (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) 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 William Franklin Martin
 (a) Residence, No. Callao, Mo 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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie M. Martin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9, 1876
 7. AGE YEARS 63 MONTHS 8 DAYS 20 IF LESS than 1 day, hrs. or min.
 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) Yarrow, Mo
 FATHER 13. NAME John F. Martin 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME Ellen Woods 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Wm Martin Callao, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union Temple DATE 10-31 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Guymon Mobile, Mo
 20. FILED Oct 31 1939 Mrs R. W. Doull Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1939 to Oct 29, 1939
 I last saw him alive on Oct 26, 1939. Death is said to have occurred on the date stated above, at 5:30 pm.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
956
 Other contributory causes of importance:
Cardio-Vascular disease
 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? _____
 If so, specify _____
 (Signed) R. W. Doull M.D.
Callao, Mo.
 473 (Address)

Date of onset
Sep 1939
200
more
4 yrs

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.

4-11-38

RECEIVED

District Health Officer No. 10
District File Number 11-39-1918
Date Filed NOV 14 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Orval Robinson

Licensed Embalmer No. 4101

P. O. Address Wigton, N.J.

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.