

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

DEC 15 1939

39611
 Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 830
 (c) City SPRINGFIELD (d) Street No. St. John Hosp. 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 Mills Menan Martin

(a) Residence, No. 838 State 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 Cora L. Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 9 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Livingston
(STATE OR COUNTRY) Tenn.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)17. INFORMANT Winburn T. Martin
(ADDRESS) Oklahoma City, Okla.18. BURIAL, CREMATION, OR REMOVAL
PLACE Eastlawn DATE Nov. 19, 193919. FUNERAL DIRECTOR (NAME) H. J. Lohmeyer
(ADDRESS) Springfield, Mo.20. FILED 11-19-39 Chas A George
Local Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 193922. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1939, to Nov. 16, 1939

I last saw him alive on Nov. 16, 1939 Death is said to have occurred on the date stated above, at 10 p.m.

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

Uremic Poisoning Date of onset Nov. 10, 39

Other contributory causes of importance:

Arteriosclerosis
Impaired renal function
Injury from fall - cont. on shoulder

Name of operation None 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? accident Date of injury 11-13-39, 1939Where did injury occur? at home
(Specify city or town, county, and State)

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

Manner of injury fell down stairs

Nature of injury _____

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

If so, specify _____

(Signed) E. E. Glynn, M. D.(Address) Springfield, Mo.

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 *Walter E Hamilton*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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