

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44407

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 231

1. PLACE OF DEATH:

(a) County Randolph 2
(b) City or town Moberly
(c) Name of hospital or institution:
1018 Myra
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days) 135

3. (a) PRINT FULL NAME Terry Anderson Martin

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced _____
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6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 9th 1939
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	<u>5</u>	<u>—</u>	hr. min.

9. Birthplace _____
(City, town, or county) (State or foreign country) Mo

10. Usual occupation _____

11. Industry or business _____

12. Name Charles Martin

13. Birthplace _____
(City, town, or county) (State or foreign country) Mo

14. Maiden name Mary Jasper

15. Birthplace _____
(City, town, or county) (State or foreign country) Mo

16. (a) Informant's own signature Charles Martin

(b) Address Moberly Mo

17. (a) _____ (b) Date thereof Oct 11 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mallan Anderson

(b) Address Moberly Mo

19. (a) Dec 11 39 (b) Paul Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1018 Myra
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1939 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 9th, 1939, to Dec 9th, 1939.
that I last saw him alive on December 9th, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Double lobar Pneumonia Duration 2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 5

23. Signature Beris S. Jolly M.D. (M. D. or other) _____

Address 201 Reed, Moberly Mo Date signed 12-29-39

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.

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RECEIVED

District Health Officer No. 10

District File Number 1-40-154

Date Filed JAN 1 1940

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 ant

....., 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.