

FILED JUN 6 1940

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

18214

Do not use this space.

1. PLACE OF DEATH Clinton  
 (a) County.....Clinton Registration District No. 204  
 (b) Township.....Cameron Primary Registration District No. 3013 Registered No. 21  
 (c) City..... (d) Street No. .... 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 635 John Marten.  
515 West 5th.  
 (a) Residence, No. .... 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 Marten.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1850  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
90 2 11  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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)..... Germany. (STATE OR COUNTRY) 6

FATHER 13. NAME Jurgen Marten  
 14. BIRTHPLACE (CITY OR TOWN)..... Germany (STATE OR COUNTRY) 6

MOTHER 15. MAIDEN NAME Magdalena Schlichting  
 16. BIRTHPLACE (CITY OR TOWN)..... Germany (STATE OR COUNTRY) 6

17. INFORMANT John Marten (ADDRESS) Cameron, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harlan Cem. DATE May 8, 1940

19. FUNERAL DIRECTOR Poland Funeral Home (ADDRESS) Cameron

20. FILED May 8<sup>th</sup> 1940 W. B. Bailey Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1940 1940  
 22. I HEREBY CERTIFY, That I attended deceased from April 30, 1940 to May 6, 1940  
 I last saw him alive on May 4, 1940 Death is said to have occurred on the date stated above, at 4:40 P.M.  
 The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

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? No  
 If so, specify.....  
 (Signed) J. P. Lines M. D.  
 (Address) Cameron, Mo

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RECEIVED  
District Health Officer No. 11;  
District File Number 640-807  
Date Filed JUN 4 1948

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Jimmy Nicholson*  
Licensed Embalmer No. *4092*

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.)

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18214  
Registrar's No. 21

Registration District No. 204

Primary Registration District No. 3013

1. PLACE OF DEATH  
(a) County Canton  
(b) City or town Cameron  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State (b) County  
(c) City or town (If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME John Martin  
3. (b) If veteran, name war  
3. (c) Social Security No.

19. MEDICAL CERTIFICATION  
20. DATE OF DEATH Month May day 6  
year 1940 hour minute M.

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife  
6. (c) Age of husband, or wife, if alive year  
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
to that I last saw him alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death

8. AGE: Years Months Days If less than one day  
90 2 11 hr. min.

Due to  
Due to Chronic Nephritis  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

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

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?

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

23. Signature J. H. Kimes (M. D. or other)  
Address Cameron Date signed mo

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

SUPPLEMENTAL RECORD

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DM

