

NOV 20 1940

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

35621
Do not use this space.

1. PLACE OF DEATH *Jefferson 30*

(a) County *Jefferson* Registration District No. *421*
 (b) Township *Jestus* Primary Registration District No. *4249* Registered No. *97*
 (c) City *Jestus* (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 *Harvey Martin*

(a) Residence, No. *Jestus Mo. 1* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Glenda*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 4 - 1906*

7. AGE YEARS *34* MONTHS *1* DAYS *6* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Billard Hall*
 9. Industry or business in which work was done, as saw mill, bank, etc. *operator*
 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) *Valley Park Mo.*

FATHER 13. NAME *Geo Martin* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME *Jennie Alwood* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) *Mrs Roy Derousse Crystal City Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Catholic Cem.* DATE *10/13/40*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Fink Wood Co. Jestus, Mo.*

20. FILED *10/14* 19 *40* *J. E. Rutledge* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 10* 19 *40*

I HEREBY CERTIFY, That I attended deceased from *By holding request on* _____, 19____
 I first saw him _____ alive on *Oct 10*, 19____ Death is said to have occurred on the date stated above, at *1:20 a.m.*
 The principal cause of death and related causes of importance were as follows:
Death due to gunshot wounds. Deceased was shot in back with a 38-calibre pistol Date of onset

Other contributory causes of importance: *113*

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 *homicide* Date of injury *10/10*, 19____
 Where did injury occur? *Jestus, Mo.* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. *public place*
 Manner of injury *gun shot wound*
 Nature of injury *shot 3 times in back*

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify *Franz Frozen Coroner*
 (Signed) *Franz Frozen* M. D.
 (Address) *Jestus, Mo.*

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.

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 _____

Licensed Embalmer No. 3403

P. O. Address Festus, M

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.