No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42025

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 353

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp #1 Fulton Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs 2 mos 29 days (Specify whether years, months or days)
In this community 3

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Boone
(c) City or town: Columbia
(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: Peter F. Martie
3. (b) If veteran, name war:
3. (c) Social Security No.: DK
4. Sex: M
5. Color or race: W.
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec (Month) 10 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
70	70	—	20 hr. min.

9. Birthplace: Osage Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Laborer.
11. Industry or business:
FATHER
12. Name: Benjamen Martie
13. Birthplace: Switzerland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Cook
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: State Hosp #1 Records
(b) Address: Fulton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 1 '41 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia
18. (a) Signature of funeral director: Parker's
(b) Address: Columbia, Mo
19. (a) Dec. 30, 1940 (Date received local registrar) (b) R. N. Creson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30th. year 1940 hour 2 minute 10 A. M.
21. I hereby certify that I attended the deceased from June 1, 1938, to Dec 30, 1940 that I last saw h alive on Dec 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Brain Tumor.	DK
Due to	
Due to	
Other conditions: Intestinal Obstruction (Include pregnancy within 3 months of death)	12 hrs.

N. M. D.

Major findings:
Of operations:
Of autopsy: Brain Tumor
Intestinal Obstruction

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

22. If death was due to external causes, fill in the following: No,
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: George F. Wood (M. D. or other) Mo
Address: State Hosp #1 Fulton Mo Date signed 12/30/40

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. [illegible]

Licensed Embalmer No. 4132

P. O. Address Columbia, [illegible]

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, fact should be so stated above.