

1939 APR 21 1939

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

12607
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin Registration District No. 568
(b) Township Sherrill Primary Registration District No. 6149
(c) City _____ (d) Street No. _____ Registered No. 12
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 George C. Martin
(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 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 Elizabeth Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1858
7. AGE YEARS 81 MONTHS 1 DAYS 28 If LESS than 1 day, hrs. or min.
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) Nov 1911 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sycamore Ill
13. NAME Carl Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
15. MAIDEN NAME Albena Freedess
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
17. INFORMANT Bessie Martin (ADDRESS) Franklin Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin Cem DATE 3/25/39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Johnson
20. FILED 3/26 1939 D. J. [Signature] (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr, 1938 to Mar 25, 1939
I last saw him alive on Mar 25, 1939 Death is said to have occurred on the date stated above, at 5.0 m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset 1935
Other contributory causes of importance: 121
Name of operation None 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? No 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) [Signature] ; M. D.
(Address) Franklin Mo
776

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X14825

AUG 25 1944

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 *Ernest E. Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Licking Mo*

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.