DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 12 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28559

Registration District No. 73 | Primary Registration District No. 3006 | Registrar's No. 171

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 605 Washington (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ In this community 25 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia, Missouri (If outside city or town limits, write "RURAL")
(d) Street No. 605 Washington Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: William Presley Martin. 6
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Julia Martin
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 12th (Day) 1869 (Year)

8. AGE: Years 70 | Months 2 | Days 10 | If less than one day: ✓ hr. ✓ min.

9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Grocery Clerk
11. Industry or business: ✓
FATHER
12. Name: James Martin.
13. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Lorinda Ament. ~~Don't Know~~
15. Birthplace: Don't Know. (City, town, or county) Don't Know (State or foreign country)
16. (a) Informant's own signature: X O. K. Martin
(b) Address: 13 Sun Set Lane Columbia, Mo
17. (a) Columbia Cemetery (Burial, cremation, or removal) (b) Date thereof: Aug 23 39 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Mo.
18. (a) Signature of funeral director: W. H. Vande Venter
(b) Address: Columbia, Mo.
19. (a) 8/23/39 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd year 1939 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8/13, 1939, to Aug. 22nd, 1939, that I last saw him alive on August 21st, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral apoplexy	8/13/39
Due to: arterio-sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypostatic pneumonia	8/20/39

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

23. Signature: W. O. Fischel (M. D. or other)
Address: Columbia, Mo. Date signed: 8/22/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 3-17-39 1 X19811

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 W. H. VandeVenter,

Licensed Embalmer No. 2494.

P. O. Address Columbia, 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.