

S. No. 2  
 M-5-43  
 v. 5-17-39  
 P I X36871

Registration District No. 82 Primary Registration District No. 3017

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

1. PLACE OF DEATH:  
 (a) County Cooper  
 (b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St Joseph Hospital 0  
(If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 33 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pettis  
 (c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 303 E. 2nd  
(If rural, give location)  
 (e) Citizen of foreign country? ✓ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY WILLIAM MARTENSEN  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month JAN day 1  
 year 1948 hour 5 AM minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from 17 Dec 47  
 \_\_\_\_\_, 19 1 Jan 48, 19 \_\_\_\_\_  
 that I last saw h im alive on 31 Dec 47, 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 2 1897  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
pulmonary infarction  
 Duration 5 days  
 Due to \_\_\_\_\_  
thrombophlephitis unknown  
 Due to \_\_\_\_\_  
infarction sev month

8. AGE: Years Months Days If less than one day  
50 5 29 hr. \_\_\_\_\_ min.

Other conditions myocarditis-cause unknown 18 mo.  
(Include pregnancy within 12 months)  
chronic alcoholism  
 Major findings: syphilis- latent  
 Of operations: none done

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

Underline the cause to which death should be charged statistically.  
18 yrs physician  
since youth

10. Usual occupation Engineer R.R. Mo. Pac.

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name James Martensen  
 13. Birthplace Denmark  
(City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Rohwer  
 15. Birthplace Denmark  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Bohon  
 (b) Address 1620 S. Prospect Sedalia

Of autopsy none permitted  
 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)

17. (a) Burial (b) Date thereof 1-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park Sedalia

18. (a) Signature of funeral director Mc Laughlin Bros  
 (b) Address Sedalia Mo.  
 19. (a) 1-5-48 (b) D. Cooper  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Archie C. Raverway MD  
 Address 329 Main St., Boonville, Mo. Date signed 2 Jan 48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-12-48

JAN 16 1948

JAN 13 1948

JAN 23 1948

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 K P M Cravy

Licensed Embalmer No. 3153

P. O. Address Salatia 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, fact should be so stated above.