DEC 19 1938

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

39651
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence
(b) Township Springriver
(c) City Verona
(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. Registration District No. 475
Primary Registration District No. 5639
Registered No. .....

2. PRINT FULL NAME Lilla May Martz
(a) Residence, No. Verona Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Shirl Martz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 27-1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	9	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 0

FATHER
13. NAME Joe McKinley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 0

MOTHER
15. MAIDEN NAME Mollie Woodfill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 0

17. INFORMANT Charley Martz
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Verona Mo DATE Nov, 2 1938

19. FUNERAL DIRECTOR (NAME) S. F. King
(ADDRESS) Aurora Mo.

20. FILED 11/5 1938 A J Ruding
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1938 to Nov 1, 1938
I last saw h. er alive on Nov 1, 1938 Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Labor)	10/21/38

Other contributory causes of importance: 108

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? ..... 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) J Neil Smith, M. D.
(Address) 121 W Pleasant Aurora 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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-38-770
Date Filed DEC 13 1938

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, ...

Herman Surridge, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.