

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

39443
 Do not use this space.

1. PLACE OF DEATH
 (a) County Dallas Registration District No. 243
 (b) Township Sheldon Primary Registration District No. 2337
 (c) City Fair Grove (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. PRINT FULL NAME Martha Teleca 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marshall C. Martin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 - 1864
 7. AGE YEARS 75 MONTHS 1 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Dallas Tex (STATE OR COUNTRY) mo
 FATHER 13. NAME Samuel George
 14. BIRTHPLACE (CITY OR TOWN) Dallas Texas (STATE OR COUNTRY) mo
 MOTHER 15. MAIDEN NAME Dorcas Woods
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____
 17. INFORMANT Charles Martin (ADDRESS) Fair Grove mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lenox mound DATE Nov - 6 - 1939
 19. FUNERAL DIRECTOR (NAME) L. B. Jones (ADDRESS) Buffalo mo
 20. FILED 11-9 1939 Max W. Jewmiller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 4 - 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 - 1939 to Nov. 4 - 1939
 I last saw her alive on Nov. 4 - 1939 Death is said to have occurred on the date stated above, at 6 p.m.
 The principal cause of death and related causes of importance were as follows:
Inferiority in intellect to old age.
 Date of onset _____
 Other contributory causes of importance: 162
 Name of operation L. G. Date of _____
 What test confirmed diagnosis? _____ 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 L. G. V. V. V.
 Nature of injury L. G. V. V. V.
 24. Was disease or injury in any way related to occupation of deceased? V
 If so, specify _____
 (Signed) C. E. Jessler, M. D.
 (Address) Callaud, Mo.

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

NOTE: 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.

REC'D DEC 15 1939

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RECEIVED

District Health Officer No. 7,

District File Number 7-39-1625

Date Filed (2-1-39)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.