

JAN 12 1940

89

Registration District No.

Primary Registration District No. 3007

Registrar's No. 312

## 1. PLACE OF DEATH:

- (a) County BUTLER 2  
(b) City or town Poplar Bluff 2  
(c) Name of hospital or institution: ✓  
(If outside city or town limits, write "RURAL" and name of township)

- (If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓  
(Specify whether

In this community  
years, months or days3. (a) PRINT FULL NAME PARTHENIA MARTIN 635

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED6. (b) Name of husband or wife LEWIS L. MARTIN 6. (c) Age of husband or wife if alive 74 years7. Birth date of deceased AUG 9 1879  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
60 4 18 hr. min.9. Birthplace HILLIARD MO  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

- MOTHER FATHER  
12. Name Levi Hillis 1  
13. Birthplace TENN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Vernice Harris(b) Address 1112 Harper St Poplar Bluff Mo17. (a) Burial (b) Date thereof Dec 29 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ellis Cem18. (a) Signature of funeral director N.T. Phelps(b) Address Poplar Bluff Mo19. (a) 12/30/1939 (b) Ch. Stanger  
(Date received local Registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED: 1

- (a) State MO (b) County BUTLER  
(c) City or town POPLAR BLUFF  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1112 HARPER  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27  
year 1939 hour 7 minute 35 P. M.21. I hereby certify that I attended the deceased from Sept. 20  
1939, to Dec. 27, 1939;that I last saw her alive on Dec. 25, 1939;  
and that death occurred on the date and hour stated above.Immediate cause of death Uremia Duration 12/25/39Due to urethritis, chr. 10/39Due to Multiple Sclerosis 10/20/39Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations None made.Of autopsy None made.

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? \_\_\_\_\_

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

23. Signature J. Hester Maxwell (M. D. or other) ✓Address Poplar Bluff, Mo. Date signed 12/28/39

---

---

**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..... *M. Pheep* .....

Licensed Embalmer No..... *3231* .....

P. O. Address..... *Poplar Bluffs, 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.**