

FILED FEB 15 1940

Registration District No. **157**

Primary Registration District No. **4091**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **Cass**  
(b) City or town **Pleasant Hill Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) **20**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or (days) **6-11**

3. (a) PRINT FULL NAME **Angeline Martin**

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

4. Sex **fe** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **S.E. Martin** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **12 - 31 - 1865**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **-** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Leeds, Jackson Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **0**

MOTHER FATHER { 12. Name **Colin Roland** **0**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Delilah Stover**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Marvin Thompson**

(b) Address **Pleasant Hill, Mo**

17. (a) **Burial** (b) Date thereof **1/9/1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Reeds Cemetery**

18. (a) Signature of funeral director **W.L. Moberg**  
(b) Address **Pleasant Hill, Mo**

19. (a) **1-8-1940** (b) **Ms. Etta M. Aldridge**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass**  
(c) City or town **Pleasant Hill**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **7**  
year **40** hour **1:30** minute **2** P. M.

21. I hereby certify that I attended the deceased from **Dec 25**, 19**39**,  
that I last saw her alive on **Jan 4**, 19**40**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to \_\_\_\_\_

Due to **97%**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? **0** (e) Means of injury \_\_\_\_\_

23. Signature **W. Munnay** (M. D. or other)  
Address **Pleasant Hill, Mo** Date signed **1/8/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19  
00

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.....

*D. J. Nozinger*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *D. J. Nozinger*.....  
Licensed Embalmer No. *938*.....  
P. O. Address *Pleasant Hill, 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.