DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11122

Registration District No. 378 — Primary Registration District No. 4222 — Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Howard.

(b) City or town Fayette, 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)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town ✓ (If outside city or town limits write "RURAL")

(d) Street No. S (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martin Thomas Settle, 340

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Ida May Settle.

6. (c) Age of husband or wife if alive # years

7. Birth date of deceased November 29 (Month) 1849 (Day) (Year)

8. AGE: Years 90 Months 3 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer,

11. Industry or business

FATHER
12. Name Alfred Settle,
13. Birthplace Missouri, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kraus,
15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs William Pemerton,

(b) Address Fayette, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof May 29 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland,

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) Apr. 5, 1940 (Date received local registrar) (b) V. O. Bonham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th year 1940 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from March 19, 1940, to March 26, 1940; that I last saw him alive on March 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative heart disease — Duration 3 mos.

Due to Age

Due to 93 C

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? 339 (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm J. Shaw (M. D. or other) M.D.

Address Fayette, Mo. Date signed 3-26-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed N-5-46

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 Guy T. Halloy

Licensed Embalmer No. 2966

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.

. No. 2B
—2-21-40
I X22659

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STANDARD CERTIFICATE OF DEATH

State File No. 11122

Registration District No. 378 Primary Registration District No. 4222 Registrar's No. 20

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette
(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)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits write "RURAL")
(d) Street No. 405 Williams
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martin Thomas Settle
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 90 Months 3 Days 27 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Apr. 5-1940 (Date received local registrar) (b) V. A. Bonham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work (e) Means of injury
23. Signature Jon J. Shaw (M. D. or other)
Address Fayette Mo Date signed

SUPPLEMENTARY

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

1940
S-11122