

Registration District No. 89-751Primary Registration District No. 5131-5998

State File No. _____

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Ripley
 (b) City or town RFD Naylor
 (If outside city or town limits, write "RURAL" and name of township)
RFD. #1, Naylor
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 70 yrs. (Specify whether
 years, months or days) 620

3. (a) PRINT FULL NAME Martha Ellen Marcy3. (b) If veteran, name war. _____ 3. (c) Social Security No. NO4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife James L. Marcy 6. (c) Age of husband or wife If alive _____ years7. Birth date of deceased Jan. 12, 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 3 1 _____ hr. _____ min.9. Birthplace Oregon Co., Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name William Galbreath13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown
(City, town, or county) (State or foreign country)15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Leo Black(b) Address Rt. # 1, Success, Ark.17. (a) Burial (b) Date thereof 4/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Palatka, Ark.18. (a) Signature of funeral director Black's Mortuary(b) Address Corning, Ark.19. (a) 4/14/40 (b) Black
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley(c) City or town Naylor
(If outside city or town limits, write "RURAL")(d) Street No. RFD. #1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, 13, 1940
year _____ hour 8 minute 10 P.M.21. I hereby certify that I attended the deceased from April 1-1940
April 13, 1940, to April 13, 1940;
that I last saw her alive on April 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of stomach

Duration

Due to _____

Due to _____

Other conditions Severely

(Include pregnancy within 3 months of death)

Major findings:

Of operations YOf autopsy Y

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Y

While at work? _____ (Specify type of place) _____

(e) Means of injury _____

23. Signature M. J. Black (M. D. or other) 1Address Woollyville Date signed _____

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.