No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21275

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 680

1. PLACE OF DEATH:

(a) County Buchanan 1

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution six days (Specify whether

In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 917 Ridenbaugh (If rural, give location)

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

3. (a) PRINT FULL NAME Margaret Martin 635

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Charles

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

7. Birth date of deceased July 4th, 1861 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Doniphan County Ks 1 (City, town, or county) (State or foreign country)

10. Usual occupation housewife 9

11. Industry or business home 9

FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant George Bierer

(b) Address 721 North 4th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-40 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral Home

(b) Address 218 South 10th St

19. (a) 6/24/40 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1940 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from June 17 – 1940 to June 21, 1940 that I last saw her alive on June 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular Renal Syndrome

Due to Hypertension 131

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 85 (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 1

Address St Joseph Mo Date signed 6-24-40

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Myers

Licensed Embalmer No. 322

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.