DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25693

AUG 10 1940

Registration District No. 638 — Primary Registration District No. 15725 — Registrar's No. 42.

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural No. 33 Liberty Tw

(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

In this community always years, months or days)

635

3. (a) PRINT FULL NAME MARY LOUISE MARTIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife William Henry Martin

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

7. Birth date of deceased February (Month) 16 (Day) 1862 (Year)

8. AGE: Years 78 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Iron County (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife 9

11. Industry or business 9

FATHER
12. Name Harlan Lafayette Mayo
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Guy S. Martin

(b) Address R.R. 1, Fredericktown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-40 (Month) (Day) (Year)

(c) Place: burial or cremation Settle Cemetery, 12 Mile

18. (a) Signature of funeral director Stanley H. Dixon

(b) Address Fredericktown Mo.

19. (a) July 14-1940 (Date received local registrar) (b) S. C. Slaughter By C. H. Schwanz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

(d) Street No. R.R. #1, Township 33 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 13 day July year 1940 hour 11:30 A.M. minute — M.

21. I hereby certify that I attended the deceased from Nov 3-1939, 19__, to July 13, 1940; that I last saw her alive on July 2nd, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitis	
Due to	
Due to 59	
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) no

(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? 491 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature M. B. Barber (M. D. or other) 1

Address Fredericktown Mo Date signed 7/13-1940

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 wi the above constitutes grounds for revocation of license.)

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