

Sarno

Registration District No. 1133Primary Registration District No. 4587Registrar's No. 2

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Canalou
(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 whetherIn this community _____
years, months or days)3. (a) PRINT FULL NAME Fronie Helen Martin 63.5

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 W6. (b) Name of husband or wife John R. Martin 6. (c) Age of husband or wife ifalive _____ years
7. Birth date of deceased 2 27 1869
(Month) (Day) (Year)8. AGE: Years 71 Months 5 Days 25 If less than one day
hr. _____ min. _____9. Birthplace KY
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel H. Tanner
13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Nancy Dickens
15. Birthplace McClain Ky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lena McDaniels(b) Address Canalou Mo.17. (a) Burial (b) Date thereof 8/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sikeston Mo.18. (a) Signature of funeral director John Aibritton(b) Address Sikeston19. (a) Aug 23 1940 (b) J. D. Rochel 540
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid(c) City or town Canalou
(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 Aug day 22
year 1940 hour 7:30 minute 7 M.21. I hereby certify that I attended the deceased from March
1940 to Aug 22 1940that I last saw her alive on Aug 18 1940
and that death occurred on the date and hour stated above.Immediate cause of death Coronary of
Stomach Duration 1 month

Due to _____

Due to 4/6Other 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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____23. Signature J. M. Sarno (M. D. or other) M. D.Address Marchauve, Mo. Date signed 9/6/40

RECEIVED

District Health Officer No. 2,

District File Number 940-14

Date Filed 9/11/40

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.