

3. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31543

Registration District No. 96

Primary Registration District No. 4058

Registrar's No. 39

13
4
0

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Hamilton
(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) 2

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

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lotta Martin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 12 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>3</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER {

12. Name George B Martin

13. Birthplace Merced Co Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Rudis Duncan

15. Birthplace Shelby Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Corrie Royer

(b) Address Hamilton Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 27 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery, Hamilton

18. (a) Signature of funeral director W. Houghton

(b) Address Hamilton Mo.

19. (a) Sept 27 1940 (Date received local registrar)

(b) Marie Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

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

(d) Street No. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 13 1940 to Sept 25 1940;
that I last saw her alive on Sept 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Spleen-mycobacterium tuberculosis

Duration 5 yrs

Due to _____

Due to _____ 72 hr

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Herbert R. Booth (M. D. or other) MD

Address Hamilton Mo Date signed Sept 26 1940

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.....

S.P. Haighton

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

S.P. Haighton

Licensed Embalmer No.....

3854

P. O. Address.....

Hamletton Me

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.