

No. 2
1-13-40
1-17-39
X23159

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1083

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

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo 26 Day
(Specify whether) 0
In this community 2 mo 26 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Bethany New Hampton
(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.

3. (a) PRINT FULL NAME Etta Martin

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

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

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

8. AGE: Years 73 Months unk. Days unk. If less than one day hr. _____ min. _____

9. Birthplace not given (City, town, or county) (State or foreign country) 4

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 1

13. Birthplace unk. (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Harrison Co Court Paper

17. (a) Removal (b) Date thereof 10-13-40 (Month) (Day) (Year)

(c) Place: burial or cremation Buried New Hampton

18. (a) Signature of funeral director W. H. Noble (M.D. or other) mo
(b) Address New Hampton Mo
19. (a) 10/14/40 (Date received local registrar) (b) A. Westblush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12 year 1940 hour 4 minute 9 A.M.

21. I hereby certify that I attended the deceased from July 16 1940, to October 12 1940, that I last saw her alive on October 11 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to 95%

Due to _____

Other conditions Malunion following Fracture neck of Right Femur (Prior to admission)

Major findings: Of operations — N M J

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? 85 (Specify type of place) _____ While at work? _____ (e) Means of injury _____

23. Signature D. P. Johnson (M. D. or other) mo
Address State Hospital # 2 Date signed 10-12-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

St. Joseph, Mo

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.....

W H Noble

Licensed Embalmer No. *2904*

P. O. Address *New Hampton 7*

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, fact should be so stated above.