

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35198

State File No. \_\_\_\_\_

Registration District No. 266

Primary Registration District No. 5369

Registrar's No. 77

1. PLACE OF DEATH:

(a) County DeWitt  
(b) City or town Merramec Rural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 20  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Imagine Martin

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced \_\_\_\_\_

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

7. Birth date of deceased 10 28 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 6 hr. \_\_\_\_\_ min.

9. Birthplace DeWitt Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert Martin

18. Birthplace DeWitt Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bryant  
15. Birthplace Willard Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Martin

(b) Address Box House Mill

17. (a) Burial (b) Date thereof 10-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stone Hill

18. (a) Signature of funeral director Hobson Brantley

(b) Address Salem Mo.

19. (a) October 29 1940 (b) A. Elstner M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeWitt  
(c) City or town Rural - Merramec  
(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 Oct day 28  
year 1940 hour \_\_\_\_\_ minute 7 A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h. aw alive on Oct 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Head Pressure Duration \_\_\_\_\_

Due to Justo Minor Pelvex

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 160 lb

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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? 240 (Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature A. Elstner M.D. (M. D. or other) M.D.

Address Salem Mo. Date signed Oct 29 1940

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

RECEIVED

District Health Officer No. 5,

District File Number 11401124

Date Filed \_\_\_\_\_

STATEMENT BY LICENSED EMBALMER

*not*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*H. D. Hobson*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*H. D. Hobson*

Licensed Embalmer No. \_\_\_\_\_

*928*

P. O. Address \_\_\_\_\_

*Salem, 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.