S. No. 2
-11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 221

FEB 25 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 221

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

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1. PLACE OF DEATH:

(a) County

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MISSOURI BAPTIST D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 47

(c) City or town IRONTON N.R.1 (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.? 1 years.

3. (a) PRINT FULL NAME GRACE ELIZABETH MARTIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife JAME MARTIN

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years abt. 49 | Months | Days | If less than one day hr. min.

9. Birthplace W. VIRGINIA (City, town, or county) 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN RICHARDSON 1 22
13. Birthplace W. VIRGINIA (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name EDNA RICHARDSON
15. Birthplace W. VIRGINIA (City, town, or county) 1 (State or foreign country)

16. (a) Informant DENVER MARTIN

(b) Address CENTERVILLE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan. 9 1941 (Month) (Day) (Year)

(c) Place: burial or cremation CENTERVILL MO

18. (a) Signature of funeral director Leuckel Funeral Home

(b) Address IRONTON MO X1141

19. (a) JAN 10 1941 (Date received by Registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th year 1941 hour 11 minute 15 A M.

21. I hereby certify that I attended the deceased from Jan 2nd, 1941, to Jan 7, 1941; that I last saw her alive on Jan 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism (Right Lung) No pneumonia Non tubercular — Duration 1 day

Due to The above Conditions followed operation for adhesions

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Multiple adhesions of omentum Colon Small intestine

Of autopsy none

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John D Hayward (M. D. or other) D

Address Metropolitan Bldg Date signed 1-8-40

(Licensed Embalmer's Statement on Reverse Side)

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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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.