

Registration District No. 875

Primary Registration District No. 6162

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

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Vermon  
(b) City or town Rural Washington Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St Hosp # 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
In this community 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vermon 108  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Nevada Route # 3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3  
year 1941 hour 11 minute A.M.  
21. I hereby certify that I attended the deceased from 12/16, 1940, to 1/3, 1941  
that I last saw h. alive on 1/3, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chronic myocardial insufficiency

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

Other conditions: Sensility  
(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?  
795  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature F. D. Martin (M. D. or other) 0  
Address St Hosp # 3 Date signed 1/3/41

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

3. (a) PRINT FULL NAME Mary R. Marton

3. (b) If veteran, name war no (c) Social Security No. 710.00

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

6. (b) Name of husband or wife Lewis Marton 6. (c) Age of husband or wife Deceased years

7. Birth date of deceased: Oct 25 1845  
(Month) (Day) (Year)

8. AGE: Years 95 Months 3 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Siloam N. Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name W<sup>th</sup> Rgdford Lovell

13. Birthplace Uniontown N. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Reeves

15. Birthplace Uniontown N. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp record

(b) Address Nevada Mo

17. (a) Bureau (b) Date thereof Jan 5-41  
(Bureau, school, or employer) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem

18. (a) Signature of funeral director Ferry Funeral Home  
(b) Address Nevada Mo

19. (a) 1-9-41 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

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

58  
0  
0

RECEIVED

District Health Officer No. 7,

District File Number 2-41-209

Date Filed 2-5-41

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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

Lloyd R. Winscott

Licensed Embalmer No.

2857

P. O. Address

Merada, 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.