No. 2
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MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14477

Registration District No. 303 Primary Registration District No. 4182 Registrar's No.

7
10

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

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 603 Market St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade 37
(c) City or town Hermann 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 603 Market St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 73 years 0 years.

3. (a) PRINT FULL NAME Johanna Martin

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ernest Martin

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

7. Birth date of deceased Feb (Month) 23 (Day) 1861 (Year)

8. AGE: Years 80 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name (Unkown) Peth
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unkown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Ferd. Drusch
(b) Address Hermann, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28-'41 (Month) (Day) (Year)
(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Missouri

19. (a) 4-28-41 (Date received local registrar) (b) Anna K. Rickhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1941 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 12-1941, 19..., to Apr 26, 1941; that I last saw her alive on Apr 26, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Endocarditis	
Due to Bronchitis	8 days
Due to	
Other conditions Arterial Sclerosis (Include pregnancy within 3 months of death)	

Major findings: — —
Of operations
Of autopsy — —

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 H. J. Rickhoff (M. D. or other) 0
Address Hermann Date signed 4/28-41

(Licensed Embalmer's Statement on Reverse Side)

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 Hugon P. Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.