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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18803

FILED JUN 16 1941
135

Registration District No. 135

Primary Registration District No. 3034

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Ship (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sugar Creek Township (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Martha E. Christian

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced W-2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8th 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Basil McDonald
13. Birthplace 1 Ky
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Ware
15. Birthplace 1 Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. O. Petty
(b) Address 2230 Moberly
17. (a) Burial (b) Date thereof May 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly
18. (a) Signature of funeral director Melvin and Son
(b) Address Moberly Mo

19. (a) May 17 41 (b) Sean Williams
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or township Sugar Creek (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 May day 15th
year 1941 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 12 to May 15, 1941
that I last saw her alive on May 13 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis with dropsy.

Due to _____
Due to 92%
Other conditions (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) NO
(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? 92%

(Specify type of place) _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature L. E. Hubert (M.D. or other) _____
Address Moberly Mo Date signed 5/17/41

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-1072

Date Filed JUN 12 1941

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 Frank S DeWitt

Licensed Embalmer No. 3021

P. O. Address Mobile, Miss

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.