

FILED JUN 20 1949

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(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 Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Dora May Martin

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Aug. 28 1937
(Month) (Day) (Year)

8. AGE: Years 3 Months 9 Days 9 If less than one day
hr. _____ min. _____

9. Birthplace Kirksville, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Everett Martin

13. Birthplace Schuyler Co., Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Dora Singleton 0

15. Birthplace Lancaster, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Martin

(b) Address 1012 W. Locus

17. (a) Burial (b) Date thereof 6-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prough Cent.

18. (a) Signature of funeral director Laura Riley
Kirksville, Mo.

(b) Address _____

19. (a) June 10/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair
(c) City or town Kirksville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1012 W. Locus
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1941 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from June 3,
1941, to June 6, 1941;
that I last saw her alive on June 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Branch pneumonia
Due to generalized toxemia

Due to pyramine poisoning

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature A. P. Schultz (M.D. or other) B.D.

Address 1012 W. Locus Date signed 6/10/41

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

177-
99

RECEIVED

District Health Officer No. 10

District File Number 6-41-1186

Date Filed JUN 18 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 Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19359

Registration District No. 1

Primary Registration District No. 1

Registrar's No.

1. PLACE OF DEATH

(a) County Adair
(b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 Dora May Martin

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

4. Sex 7 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 _____ year

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

8. AGE: Years Months Days If less than one day by min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(Burial, cremation, or removal) (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 6 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration _____

Generalized Intoxemia

Due to Stomach Poisoning

Due to Impossible, because the child

had been playing on a dump & ate food

Other conditions The Food or Poisoning from this

(Include pregnancy within 3 months of death) source.

Major findings: _____ Of operations no operations

Of autopsy No Aut. 124. 177

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. R. Schultz (M.D.)

Address 200 Washington St. Kennett Mo Date signed 7/15/41

SUPPLEMENTAL

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

19359