

No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22011**

Registration District No. **460**

Primary Registration District No. **4274**

Registrar's No. **27**

1. PLACE OF DEATH:
 (a) County **Lafayette**
 (b) City or town **Higginsville.**
(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 _____
about 25 years (Specify whether years, months or days)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Lafayette**
 (c) City or town **Higginsville Mo.**
(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 _____

3. (a) PRINT FULL NAME **Margrett Lee (Edwards) Martin**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** - day **17** - 19**41**
 year _____ hour **2** minute **A**.M.

4. Sex **F**
 5. Color or race **N**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **John Martin**
 6. (c) Age of husband or wife if alive **68** years
 7. Birth date of deceased **April-26-1875**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 1 1941** to **June 17 1941**
 that I last saw **her** alive on **June 17 1941**
 and that death occurred on the date and hour stated above.

8. AGE: Years **66-** Months **1** Days **21**
 If less than one day _____ hr. _____ min.

Immediate cause of death **Carcinoma of Colon** Duration 6 mo
 Due to _____
 Due to _____

9. Birthplace **Grayson County Va.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife-**

Other conditions **General metastasis**
(Include pregnancy within 3 months of death)
 Major findings: **Multiple Carcinoma**
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name **Mnoah M. Edwards**
 13. Birthplace **Carrol County Va.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Martha Higgins**
 15. Birthplace **Grayson County Va.**
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant **Mary Edwards**
 (b) Address **Higginsville, Mo.**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-18-1941**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Corder Mo.**
 18. (a) Signature of funeral director **W. H. H. H.**
 (b) Address **Higginsville, Mo.**
 19. (a) **July 1-1941** (Date received local registrar) (b) **Tippie Webb** (Registrar's signature)

23. Signature **E. M. Moore** (M. D. or other)
 Address **Higginsville Mo.** Date signed **6-19-41**

(Licensed Embalmer's Statement on Reverse Side)

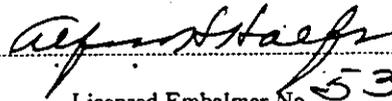
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number 7-10-41
Date Filed

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



Licensed Embalmer No. 539

P. O. Address.....

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.