

No. 2  
12-40  
17-39  
X23139

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28445**

BUREAU OF THE CENSUS  
FILED SEP 2 1941

Registration District No. **377**

Primary Registration District No. **5525**

Registrar's No. **5**

005  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Howard Township**  
 (a) County: **Howard Township**  
 (b) City or town: **Rural, Bernshel**  
 (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: **1** (Specify whether)  
 In this community: **15 years** (years, months or days)

3. (a) PRINT FULL NAME: **MARTHA UNICA RHEA**  
 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: **Widowed**  
 6. (b) Name of husband or wife: **J. E. March**  
 6. (c) Age of husband or wife if alive: **10** years  
 7. Birth date of deceased: **March 10, 1849**  
 (Month) (Day) (Year)

8. AGE: Years: **92** Months: **4** Days: **14**  
 If less than one day: hr. min.

9. Birthplace: **Benton Co. Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business:

MOTHER FATHER  
 12. Name: **E. T. Coudley**  
 13. Birthplace: **Va.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: **Elizabeth Beck**  
 15. Birthplace: **Va.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Matlie Estes**  
 (b) Address: **Glasgow Mo**

17. (a) **burial** (b) Date thereof: **July 26, 1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Warshaw Mo**

18. (a) Signature of funeral director: **K.P.M. Coary**  
 (b) Address: **Glasgow Mo**

19. (a) **July 26** (b) **Elizabeth Chipley**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: **Missouri** (b) County: **Howard**  
 (c) City or town: **Rural**  
 (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.: **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **July** day: **24**  
 year: **1941** hour: **2 PM** minute: **—** M.  
 21. I hereby certify that I attended the deceased from **July 18**, 19**41**, to **July 24**, 19**41**.

that I last saw him alive on **July 24**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**

Due to: **83A**

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):  
 (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: **W. H. Perkins** (M. D. or other) **11**  
 Address: **Glasgow Mo** Date signed: **7-26**

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-26-41

**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 *KPM Cary*

Licensed Embalmer No. 3153

P. O. Address Glasgow, W.V.

**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.**