

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30971

Registration District No. 13

Primary Registration District No. 5112

Registrar's No. 242

1. PLACE OF DEATH:

- (a) County Boone
(b) City or town Rural, Cal. R 751
(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 Don't know (Specify whether years, months or days)

3. (a) PRINT FULL NAME MAUD MARTIN AGAIN

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

7. Birth date of deceased 12 - 4 - 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 27 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name John R. Martin

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

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant John R. Martin

- (b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 9-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Barkner

- (b) Address Columbia, Mo.

19. (a) 9/13/41 (b) Allie Setty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Boone
(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. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st year 1941 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from August 30 1941 to Sept. 11 1941; that I last saw him alive on Sept. 11 1941; and that death occurred on the date and hour stated above.

- Immediate cause of death Cerebral haemorrhage

- Due to arteriosclerosis & hyperlipon

- Due to

- Other conditions none
(Include pregnancy within 3 months of death)

- Major findings: Of operations none

- Of autopsy none

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 AW Schmitt (M. D. or other)

- Address Columbia, Mo. Date signed 9-3-41

Duration

4 days

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

W. N. Whittrick

Licensed Embalmer No. *2893*

P. O. Address *Calumpia*

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.