

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19313

FILED JUN 18 1942 3

Registration District No. 3Primary Registration District No. 1545

State File No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Worth
 (b) City or town Grant City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether

In this community 30 years
years, months or days)3. (a) PRINT
FULL NAMEMartha Alice Larkin

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex F 1. Color or race W
 5. (b) Name of husband or wife. 6. (a) Single, widowed, married,
 divorced. Single
 6. (c) Age of husband or wife if

7. Birth date of deceased Dec 21 1852
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 4 22 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name James R Larkin
 13. Birthplace Penn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Penn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Hall
 (b) Address Grant City Mo
 17. (a) Burial (b) Date of May 14 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Grant City Mo

18. (a) Signature of funeral director John Andrews
 (b) Address Grant City Mo

19. (a) May 21 1942 (b) Arlene Scadden
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Worth 113
 (c) City or town Grant City 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
 year 1942 hour 6 o'clock M.

21. I hereby certify that I attended the deceased from Jan
Jan 1942 to May 14 1942
 that last saw h alive on May 14 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.

myocarditisDue to fracture ofDue to Hip jointOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) 113
 (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 John Andrews
 Address Grant City Date signed May 14 1942

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.....

John Andrews Jr......, Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Andrews Jr.
Licensed Embalmer No. *4211*

P. O. Address. *Grant City Mo*

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. **19312**

Registration District No. **903**

Primary Registration District No. **4545**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Worth**
(b) City or town **Grant City**
(If outside city or town limits, write "RURAL" & 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 **Martha A. Larkin**

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 alive _____ years

7. Birth date of deceased **dec 21 1862**
(Month) (Day) (Year)

8. AGE: Years **89** Months **4** Days **22**
If less than one day _____ 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 _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

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

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(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 **mar** year **1942** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

fracture of his joint
due to a fall down stairs
occurred in home

Due to **1862**
Other conditions _____ (include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **None Held**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence **April 2nd**
(c) Where did injury occur? **Grant City Worth Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Occurred at home

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

23. Signature **John Andrews** (M. D. or other) **MD**

Address **Grant City** Date signed **July 18**

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

SUPPLEMENTARY

S-19313