S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL - 1 - 1942

Registration District No. 48

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20595

Primary Registration District No. 4028

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Amoret
(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 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7 0

(c) City or town Amoret 0
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Maude B Martin

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 15, 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation School Teacher

11. Industry or business

FATHER
12. Name Simon S. Martin
13. Birthplace Green Co. Pa. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Carey
15. Birthplace Washington Co. Pa. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace Garner

(b) Address Amoret Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-42
(Month) (Day) (Year)

(c) Place: burial or cremation Virginia Cemetery

18. (a) Signature of funeral director Archer & Mangold

(b) Address Amsterdam Mo

19. (a) 6/17-1942 (Date received local registrar) (b) Mrs Carl Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1942 hour 4 minute 35 A M.

21. I hereby certify that I attended the deceased from Dec 1, 1941 to June 13, 1942
that I last saw her alive on June 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypstatic Pneumonia

Due to (Bronchogenic)

Due to 49a

Other conditions Atrophic Arthritis
(Include pregnancy within 3 months of death)

Major findings: Of operations Medullary Carcinoma

Of autopsy of Right Ovary

Duration

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

23. Signature Chas. A. Lusk M. D. or other

Address Butler, Mo Date signed 6/18/42

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1942

RECEIVED
District Health Officer No. 7,
District File Number 7-42-744
Date Filed 7-10-42

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, ~~xxxx~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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, above space should be left blank.