. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 31 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27679

State File No.

Registration District No. 2

Primary Registration District No. 5777

Registrar's No.

66
0
0

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

1. PLACE OF DEATH:
(a) County Miller
(b) City or town (Rural) Equality
(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 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Miller 66
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Tuscumbia, Mo
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME GENETTA AMADA MARTIN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fem

5. Color or race White

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

6. (b) Name of husband or wife Cordell Martin

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July (Month) 23 (Day) 1883 (Year)

8. AGE: Years 59 | Months 1 | Days — | If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Farm

FATHER
12. Name John H. Wyrick
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kinder
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Cordell Martin
(b) Address Tuscumbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation Gatt Cem. Ulman, Mo

18. (a) Signature of funeral director C. L. Casey
(b) Address Iberia, Mo

19. (a) 8/25/42 (Date received local registrar) (b) H. C. Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1942 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from August 7, 1942, to August 23, 1942
that I last saw her alive on August 14, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	few minutes
Due to Surgical repair of fractured left femur occured 7 weeks ago	7 weeks
Due to	
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 600
(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 M. E. Humphreys (M. D. or other) D.O.
Address Tuscumbia, Mo. Date signed 8-26-42

8 19

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 1942

1.2.
-MO

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 C L Casey

Licensed Embalmer No. 2694

P. O. Address Ibria, 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.

. No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27679

Registration District No. 211 Primary Registration District No. 5777 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Rural
(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 years, months or days)

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

3. (a) PRINT FULL NAME Genetta Amada Martin

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 m

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 23 (Day) 1882 (Year)

8. AGE: Years 59 Months 1 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration 3 min.

Due to Surgical repair of Fractured Left femur

Due to occured 7 wks ago

Other conditions
(Include pregnancy within 3 months of death)
Fracture of Neck Femur.

Major findings:
Of operations 1860
18

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) Accidental Fall
(b) Date of occurrence Around 1st July
(c) Where did injury occur? At Friends home in St. Louis, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? (e) Means of injury

23. Signature M. E. Humphreys (M. D. or other) D.O.
Address Date signed