No. 2
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29638

Registration District No. 1 | Primary Registration District No. 3060 | Registrar's No. 243

1. PLACE OF DEATH
(a) County: Adair
(b) City or town: Kirksville Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 407 E. Scott Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 61 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair 3
(c) City or town: Kirksville Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 407 E. Scott St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Martha Ellen Imbler
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: William Imbler
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Feb (Month) 28 (Day) 1863 (Year)

8. AGE: Years 89 | Months 6 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace: Benton (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: Homestic
MOTHER FATHER
12. Name: George W Murry
13. Birthplace: Unknown (City, town, or county) 0 (State or foreign country) 9
14. Maiden name: Matildann Mann
15. Birthplace: unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Data D. Cashman
(b) Address: Kirksville, Mo.
17. (a) Forest Cemetery (Burial, cremation, or removal) (b) Date thereof: Sept 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Kirksville Mo
18. (a) Signature of funeral director: Hovey Funeral Home
(b) Address: Kirksville Missouri
19. (a) Sept. 11, 1942 (Date received local registrar) (b) Mrs. L. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7 year 1942 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from August 17 1942 to September 7 1942 that I last saw h. alive on September 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — 2 days
Due to: Fall - fracturing arm and injuring hip — 2 wks.
Due to: Senile psychosis paranoid type — 6 months
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

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): 124 V
(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: Howard E. Gross (M. D. or other) D.O.
Address: Kirksville, Mo. Date signed 9-9-42

1044

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-1880
Date Filed OCT 12 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.....

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

working under my personal supervision.

Signed Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kuhsville Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29638

Registration District No. Adair Primary Registration District No. 3000 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(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 Martha Ellen Imbler

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 W

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 28 (Day) 1853 (Year)

8. AGE: Years 89 Months 6 Days 9 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 Sept day
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 Bronchopneumonia

Due to Fall - fracture arm & injuring hip

Due to Senile psychosis paranoid type

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence August 27, 1942
(c) Where did injury occur? Kirksville (City or town) Adair (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home (Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature Howard E. Gross (M. D. or other) D.O.
Address Kirksville Mo. Date signed 10-22-42

SUPPLEMENTARY