

No. 2
5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 20 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34332

State File No.

Registration District No. 218

Primary Registration District No. 5789

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Quail, St. James
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mississippi

(c) City or town Quail
(If outside city or town limits, write "RURAL")

(d) Street No. 7 miles South of Prairie
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY LEE MARTIN

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1942 hour 10 minute a.m.

4. Sex Female 5. Color or race negro

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Feb. 20 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from No doctor in attendance 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 7 Days 3 If less than one day _____ hr. _____ min.

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

Immediate cause of death Acute Myocarditis ✓

Duration _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Louise Martin

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

14. Maiden name Alberta Taylor

15. Birthplace Paris Texas
(City, town, or county) (State or foreign country)

Due to Valvular insufficiency

Due to _____

16. (a) Informant Alberta Martin

(b) Address East Prairie, Mo 642

17. (a) Burial (b) Date thereof 9-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Frank Sweeney

(b) Address East Prairie, Mo

19. (a) 10-10-42 (b) S. Sweeney
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, find 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? _____

1271 (Licensed Embalmer's Statement on Reverse Side)

23. Signature Marie Shelby (M.D. or other) 3
Address East Prairie, Mo. Date signed 9/26/42

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

67
00

RECEIVED

District Health Office No. 2,

District File Number 1042-1321

Date Filed 10-19-42

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, or by.....

Not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.