S. No. 2
M—5-42
v. 5-17-39
I X32873

35661

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9544

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 7 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Arkansas (b) County Logan 2

(c) City or town Booneville RR. 3
(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 2

3. (a) PRINT FULL NAME Jessie Pauline Martin

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased May 10, 1907 (Month) (Day) (Year)

8. AGE: Years 35 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Bodine Martin
(b) Address Booneville, Arkansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation Booneville, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.

19. (a) NOV 16 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14 year 1942 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from October 7, 1942, 19 to November 14, 1942; that I last saw her alive on November 14, 1942, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess — Duration
Secondary to lung abscess
Due to
Due to
Other conditions Operative Shock
(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
(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 F R Bradley (M. D.)
Address BARNES HOSPITAL Date signed 11-15-42

(Licensed Embalmer's Statement on Reverse Side)

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

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 Albert W. Hampe

Licensed Embalmer No. 1861

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.