V. S. No. 2
DM—9-4-41
ev. 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 DEC 9 1942

Registration District No. 295

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37865

Primary Registration District No. 6012

Registrar's No. 72

1. PLACE OF DEATH:

(a) County ~~Chariton~~ Randolph

(b) City or town Darksville - Chariton
(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: 88

(a) State Missouri (b) County Randolph 0

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Martha Jackson Gaines

3. (b) If veteran, name war .....

3. (c) Social Security No. 1

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced W 2

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

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

7. Birth date of deceased December (Month) 21 (Day) 1861 (Year)

8. AGE: Years 80 Months 11 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Randolph County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name J. E. Ancel
13. Birthplace Don't know (City, town, or county) Virginia / (State or foreign country)

MOTHER
14. Maiden name Martha Herndon
15. Birthplace Don't know (City, town, or county) Virginia / (State or foreign country)

16. (a) Informant Miss Minnie Gaines
(b) Address Darksville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/23/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Darksville Cemetery

18. (a) Signature of funeral director Paul T Patton
(b) Address Huntsville, Mo

19. (a) 12-2-42 (Date received local registrar) (b) Mrs. P V Dreyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22 year 1942 hour 11:30 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Nov 15, 1942 to Nov 21, 1942 that I last saw her alive on Nov 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism — Duration 3 days

Due to arterio-sclerosis

Due to .....

Other conditions senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

83 b

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 P V Dreyer (M.D. or other) M.D.

Address Huntsville Mo Date signed 12/1/42

1027

(Licensed Embalmer's Statement on Reverse Side)

DEC 16 194

RECEIVED
District Health Officer No. 10
District File Number 12-42-3064
Date Filed DEC - 7 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 Paul T. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.