

No. 2
1-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41727

FILED JAN 14 1943 99

Registration District No. 299

Primary Registration District No. 8025

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural; Black River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
12 miles South West of Belleview
(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 _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 90

(a) State Missouri (b) County Reynolds 9

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

(d) Street No. 12 miles South West of Belleview
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Susan Emaline Martin

3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 31 day
year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 24, 1942 to Dec 31, 1942
that I last saw h. er alive on Dec 24, 1942
and that death occurred on the date and hour stated above.

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased: October 5, 1852
(Month) (Day) (Year)

Immediate cause of death Gastro-enteritis

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>2</u>	<u>26</u>	hr. _____ min.

Due to suppluenna

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

1200

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Hugh Wilkins

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

14. Maiden name unknown

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

16. (a) Informant Effie Hodges

(b) Address Monterey Mo.

17. (a) burial (b) Date thereof 1-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monterey Mo.

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 E. M. [illegible] (M. D. or other) 24
Address Leaterville Mo Date signed 1/4/43

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo

19. (a) Dec 31 1942 (b) Mrs. Parez Wellington
(Date received local registrar) (Registrar's signature)

1194

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 4251

Date Filed 1-12-43

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.....

Was not embalmed

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

working under my personal supervision.

Signed..... Quincy White

Licensed Embalmer No. 3012

P. O. Address Doctorville

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.