

No. 2  
-1-4-41  
5-17-39  
X2839

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1974

State File No. ....

Registrar's No. 3

FILED FEB 4 1943  
Registration District No. ....

Primary Registration District No. 5291

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Liberty, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution IOOF Home - 5  
(If not in hospital or institution, write street number or location)

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

In this community Hospital

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 29

(c) City or town Greenfield 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Elvira Martin

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
year 1943 hour 10 minute 50 A.M.

4. Sex Female

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: Sept 5 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 8 1942 to Jan 6 1943  
that I last saw him alive on Jan 6 1943  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>4</u>	<u>1</u>	<u>0</u> hr. <u>0</u> min.

Immediate cause of death General arteriosclerosis 15 yrs.

9. Birthplace Greenfield, Missouri  
(City, town, or county) (State or foreign country)

Due to AM

Due to AM

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housekeeper

11. Industry or business Own Home

PHYSICIAN

Major findings: -

Of operations -

Of autopsy -

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Daniel Bailey

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

14. Maiden name Mary McMillan

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

16. (a) Informant Paul Rogers

(b) Address IOOF Home - Liberty

17. (a) Burial (b) Date thereof Jan 7 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield, Mo.

18. (a) Signature of funeral director J. W. Wards

(b) Address Greenfield, Mo

19. (a) Jan 6 1943 (b) Heleen Early  
Date received local registrar (Registrar's signature)

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? -

While at work? - (Specify type of place)

(e) Means of injury -

23. Signature Bretton Malby (M. D. or other) M.D.

Address Liberty, Mo Date signed Jan 6, 1943

926

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-3-43

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**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 Rollins Knott  
Licensed Embalmer No. 3685  
P. O. Address Sheffield, 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.**