

FILED FEB 15 1943

Registration District No. 213

Primary Registration District No. 6059

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

1. PLACE OF DEATH:

(a) County St. Claire  
(b) City or town Rural (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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Claire  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Collins Twp. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARMINTHA MAY MARTIN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Samuel B. Martin 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Sept 12 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 29 If less than one day hr. min.

9. Birthplace St. Claire Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Arthur Eskert

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

14. Maiden name Mary Bailey

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

16. (a) Informant Mrs. M. J. Quinn

(b) Address 5001 Bellefontaine Kansas City Mo

17. (a) Burial (b) Date thereof Jan. 13 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director E. H. Rimm

(b) Address Humansville Mo.

19. (a) Jan 13 1943 (b) Neil Smith (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1943 hour 16 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 1942 to Jan 11 1943 that I last saw her alive on Jan 10 and that death occurred on the date and hour stated above.

Immediate cause of death Sub diaphragmatic abscess  
Due to chronic peritonitis  
de cirrhosis of liver  
Due to aortic stenosis chronic nephritis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration  
4 days  
3 mos.

Major findings: Of operations \_\_\_\_\_  
Of autopsy 124 p 1

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Rose C. Neunis (M. D. or other) MD  
Address Humansville Mo Date signed 1-14-43

1154

RECEIVED

District Health Officer No. 7,

District File Number 1-43-44

Date Filed 2-4-42

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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.....

*by me*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *E.H. Pimm*.....

Licensed Embalmer No. 4282.....

P. O. Address Humansville, 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.