

LED APR 9 1943

Registration District No. 274

Primary Registration District No. 5925

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sidalia 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 2 yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80

(c) City or town Sidalia (Rural) 0
(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 0

3. (a) PRINT FULL NAME Martha May Scott

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15
year 1942 hour 10 minute 30 AM.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced D

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

21. I hereby certify that I attended the deceased from Sept 6th 1942 to 3-15-1943, that I last saw her alive on 3-15- 1943; and that death occurred on the date and hour stated above.

7. Birth date of deceased: April 11 1911
(Month) (Day) (Year)

8. AGE: Years 31 Months 11 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death: Acute Myocarditis

Due to: Hypertrophied gitter

9. Birthplace Houstonia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

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

11. Industry or business _____

12. Name R D M Pummil

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

14. Maiden name Julia B Arnold

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

Major findings: 938

Of operations _____

Of autopsy _____

16. (a) Informant R D M Pummil

(b) Address Houstonia

17. (a) Burial (b) Date thereof March 18 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houstonia

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? _____

18. (a) Signature of funeral director Shutbrook

(b) Address Houstonia

19. (a) 3-16-43 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature A. R. Maddox (M. D. or other) M.D.
Address 116 1/2 W. Main Date signed 3-16-43

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

MOTHER FATHER

1020

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-8-43

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

H. H. Smiley

Licensed Embalmer No.

3987

P. O. Address

Houstonia

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.