S. No. 2
M—9-4-41
. 5-17-39
I X2948

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18130

FILED JUN 10 1943

Registration District No. 456 Primary Registration District No. 2001 Registrar's No. 280

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman O Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour (Specify whether
In this community No
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 997
(a) State Kansas (b) County Cherokee 14
(c) City or town Galena 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1000 Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Nancy Kay Martin.
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive No years
7. Birth date of deceased Jan (Month) 1 (Day) 1940 (Year)

8. AGE: Years 2 Months 4 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Galena (City, town, or county) Kan 1 (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Mr Jack Martin
13. Birthplace Galena (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Mrs Josephine Schmidt
15. Birthplace (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Jack Martin
(b) Address Galena Kan
17. (a) removal (Burial, cremation, or removal) (b) Date thereof May 17-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Galena Kan.
18. (a) Signature of funeral director Frank Allison
(b) Address Galena Kan
19. (a) 5-19-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1943 hour 5:15 minute a M.
21. I hereby certify that I attended the deceased from 5/15/43, 19..., to May 17, 1943 that I last saw her alive on May 17, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lead Poisoning (Laboratory confirmation on blood)	1 week?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

179X
13

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) For some time ate
(b) Date of occurrence Loose Paint from House, etc.
(c) Where did injury occur? (City or town) (County) 136 (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 Kenneth H Black (M. D. ~~or other~~)
Address Frisco Bldg Date signed 5/17/43.

1204 (Licensed Embalmer's Statement on Reverse Side) Joplin

43-5-46

082

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 Removed to Galena Kan, Registered Apprentice No. , working under my personal supervision.

No Embalming in Mo -

Signed Frank Allison

Kan

Licensed Embalmer No. 1321

P. O. Address Galena Kan

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.