

No. 2  
-1-4-41  
5-17-39  
x28

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19224

ED JUN 10 1946

Registration District No. 33

Primary Registration District No. 2074

Registrar's No.

1. PLACE OF DEATH:

Scott

- (a) County: Scott
  - (b) City or town: Sikeston  
(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: 11268 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

- (a) State: Missouri (b) County: Scott
  - (c) City or town: Sikeston  
(If outside city or town limits, write "RURAL")
  - (d) Street No.: 416 North St  
(If rural, give location)
  - (e) Citizen of foreign country?: no (Yes or No)
- If yes, name country: -

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month: April 13 day: 21  
year: 1943 hour: 8 minute: 40 p.m.
- 21. I hereby certify that I attended the deceased from: April 8  
1943 to: April 8 1943  
that I last saw her alive on: April 8 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Ribes Pneumonia

Due to: Anemia  
Due to: Bronchiectasis

Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations: 108  
Of autopsy: -

- 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?

23. Signature: Thomas C. McClure (M. D. or other)  
Address: Sikeston, Mo. Date signed: 4-24-43

3. (a) PRINT FULL NAME: Matilda Jane Martin

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

4. Sex: Female (5. Color or race: W) 6. (a) Single, widowed, married, divorced, Widdowed

6. (b) Name of husband or wife: Pid Martin 6. (c) Age of husband or wife if alive: - years

7. Birth date of deceased: March 5 1875 (Month) (Day) (Year)

8. AGE: Years: 68 Months: 1 Days: 16 If less than one day: - hr. - min.

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

10. Usual occupation: Domestic

11. Industry or business: -

MOTHER FATHER { 12. Name: Frank Holden  
13. Birthplace: Unknown (City, town, or county) (State or foreign country)  
14. Maiden name: Nancy Ziegler  
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Elmes Hilton Spivey (b) Address: 416 North St Sikeston Mo

17. (a) 4 Burial (b) Date thereof: April 23/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Big Opening

18. (a) Signature of funeral director: John Clayton (b) Address: Sikeston, Mo

19. (a) June 1 42 (b) Louis Lergub (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

1314

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

20  
5  
2

100  
5  
2

Duration  
?

592

PHYSICIAN  
Underline the cause to which death should be charged statistically.

108

4-24-43

JUL 20 1943  
AUG 23 1943

RECEIVED

District Health Office No. 2,

District File Number 643-759

Date Filed 6-7-43

**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 John Allison

Licensed Embalmer No. 2941

P. O. Address St. Reston Va

**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.**