

FILED JUL 14 1943

Registration District No. 50

Primary Registration District No. 3011

Registrar's No. 67

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

1. PLACE OF DEATH

(a) County Carroll

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

(c) Name of hospital or institution: Benson Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day
(Specify whether)

In this community Life time
years, months or days

3. (a) PRINT FULL NAME Martha Emeline Green

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 widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 7, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>3</u>	<u>26</u>	hr. min.

9. Birthplace Carroll County Mo. U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business own home

12. Name George W. Hazelip

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

14. Maiden name Marcell Hazelip

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

16. (a) Informant J. E. Green

(b) Address Warborn Mo.

17. (a) Burial (b) Date thereof 6-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation antioch

18. (a) Signature of funeral director John G. Deitch

(b) Address Nashville Mo.

19. (a) June 5-43 (b) John G. Deitch Dep.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

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

(d) Street No. Rural Fairfield hwy.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 1-73
19 _____ to June 3 19 40
that I last saw her alive on June 3 43 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Pyemia

Due to Peritonitis

Due to _____

Other conditions 12/1/1
(Include pregnancy within 3 months of death)

Major findings: Appendix enlarged

Of operations off - Peritonitis

Of autopsy found of Pus

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 J. E. Green (M. D. or other) _____

Address Carrollton Date signed 6-3-43

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

7-13-43

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

711

Registered Apprentice No.

working under my personal supervision.

Signed

John W. Deitch

Licensed Embalmer No.

3654

P. O. Address

No name me

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.