

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 10 1943

Registration District No. 243

Primary Registration District No. 5833

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Stark City, Newton  
(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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Stark City  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Martha Adeline Jones

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 April 16, 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Forsythe, Taney County, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name John Hance  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Jenkins  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant ALBY R JONES

(b) Address Stark City, Missouri

17. (a) Burial (b) Date thereof 7/21/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1 mile N. of Stella, Mo.

18. (a) Signature of funeral director John Hance

(b) Address 200 S. Francis Picher, Okla.

19. (a) 9-1-43 (b) Alpha R. Hale Syer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th  
year 1943 hour 10:30 P M.

21. I hereby certify that I attended the deceased from July 14 1943 to July 19 1943  
that I last saw her alive on July 14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
app of heart

Due to.....

Due to.....

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

Major findings:  
Of operations.....

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?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature W. C. Hale (M. D. or other).....  
Address Stella, Mo. Date signed 7/21/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**RECEIVED**

District Health Officer No. \_\_\_\_\_  
District File Number 943-168  
Date Recd. 9-9-43

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

Signed John H. Demmitt  
Licensed Embalmer No. 830  
P. O. Address John H. Demmitt

**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.**