

V. S. No. 2
50M-542
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 7 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 249

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1301 East 7th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 years (Specify whether years, months or days)

In this community 39 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1301 East 7th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Laura Belle 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 Married

6. (b) Name of husband or wife W.G. Martin

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Mar. 18 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>55</u>	<u>4</u>	<u>13</u>	<u>hr.</u>	<u>min.</u>

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

10. Usual occupation Housewife

11. Industry or business John Burton

MOTHER FATHER { 12. Name John Burton

13. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jo Eliza Shoemaker

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

16. (a) Informant W.G. Martin

(b) Address Sedalia, Mo.

17. (a) Burial Burial (b) Date thereof 8/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem Park

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Mo.

19. (a) 8/3/43 Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1943 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec - 1942 to Aug 1 - 1943
that I last saw him alive on Aug 1 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Osteo Sarcoma of Sacrum + Lumbar vertebrae
Duration 1 1/2 yrs

Due to 558

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 558

Of autopsy 558

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)

(c) Means of injury _____

23. Signature Alfred E. Monroe (M. D. or other)

Address 111 W 4th Sedalia Mo Date signed 8-2-43

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

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

DEC 13 1943

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-3-23

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 *L. E. Bouldin*.....

Licensed Embalmer No. 3867.....

P. O. Address Sedalia, Mo.

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.