

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1943

Registration District No. 57

Primary Registration District No. 4086

State File No. 37248

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Carroll
 (b) City or town Tina
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home in City of Tina,
 (If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community all her life. (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Martha Lurena Day,3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife James Allen Day, 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased. April 21, 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
75 7 5 _____ hr. _____ min.9. Birthplace Missouri,
(City, town, or county) (State or foreign country)10. Usual occupation Housewife,

11. Industry or business

12. Name William A. Conner,
 13. Birthplace Virginia, (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Morris,
 15. Birthplace dont know. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Geo. Trussell(b) Address Tina, Missouri.17. (a) Burial (b) Date thereof 11/29/1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Coloma, near Tina, Mo.18. (a) Signature of funeral director Clifford W. Austin(b) Address Tina, Missouri.19. (a) Nov. 28, 1943 (b) Mr. S. Edgar Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
 (c) City or town Tina (If outside city or town limits, write "RURAL") 011
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? _____ (Yes or No) _____
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th
year 1943. hour 2:00 minute A.M.21. I hereby certify that I attended the deceased from August
1943 to November 26, 1943;
that I last saw her alive on Nov. 26, 1943;
and that death occurred on the date and hour stated above.Immediate cause of death CORONARY Thrombosis
& CARDIAC INSUFFICIENCY Duration _____Due to Arteriosclerosis 6 yrs.Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____

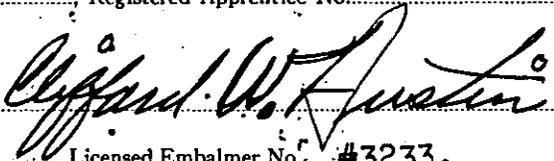
23. Signature R. W. Matheny (M. D. or other) D.O.
Address Tina, Missouri. Date signed 11/27/43

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.....



Licensed Embalmer No. #3233.

P.O. Address Tina, Missouri.

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.