

Registration District No. 70

Primary Registration District No. 5368

1. PLACE OF DEATH:

(a) County Davies
(b) City or town Rural Salem Twp
(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 30 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Martha Alice Markham

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married 2 divorced widowed
6. (b) Name of husband or wife Geo W. Markham 6. (c) Age of husband or wife if dead years
7. Birth date of deceased Dec 31 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 19 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John H Miller
13. Birthplace Va
14. Maiden name Cynthia King
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Markham

(b) Address Pattonburg Mo RR#4

17. (a) Burial (b) Date thereof Oct 21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director W. Schomer
(b) Address Pattonburg Mo
19. (a) 11-23-1943 (b) A. O. Richardson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1943 hour 11:30 minute A M.
21. I hereby certify that I attended the deceased from 10-10-43
_____ 19____ to 10-19 1943

that I last saw her alive on 10-19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to _____

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 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 Y

23. Signature PR King (M. D. or other) DR
Address Pattonburg Date signed 10-20-43

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

MAR 11 1953

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 *G. L. Gromer*
Licensed Embalmer No. 2857

P. O. Address Potomac MD

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.