DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100 8

State File No. 41690

Registrar's No. 1457

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6207 Brown St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 40 years
In this community: 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 6207 Brown St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Martha Jane Fouts

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: William

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

7. Birth date of deceased: March (Month) 10 (Day), 1862 (Year)

8. AGE: Years 81 Months 9 Days 14 If less than one day hr. min.

9. Birthplace: Dearborn, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: Self

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknwon (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Fred Fouts (Son)
(b) Address: 6207 Brown St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Frame Cemetery, Dearborn, Mo.

18. (a) Signature of funeral director: John E. Duff
(b) Address: 6054 Pryor Ave., City

19. (a) 12-27-43 (Date received local registrar) (b) Ace Hezog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24 year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Mar. 3, 1938, to Dec 24, 1943 that I last saw her alive on Dec 23, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	?
Due to: Bronchial pneumonia	4 da
Due to: Hypertensive cardio-vascular renal disease — arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none
Of autopsy: none

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

23. Signature: C. L. Grant (M. D. or other)
Address: St. Joseph Mo Date signed 12-27

1233 (Licensed Embalmer's Statement on Reverse Side) 48

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 E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.