

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 12 1944
Registration District No. 209

Primary Registration District No. 304a

Registrar's No. 386

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4
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4

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 109 Mahoney /
(If not in hospital or institution, write street number or location)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Paris 2
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Carol Ann Martin

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: October 18, 1943
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1943 hour about 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from July or Dec 16-43, 19____ to _____, 19____
that I last saw him dead when I saw her, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

Years	Months	Days	hr.	min.
	1	28		

9. Birthplace: Newport News Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

12. Name Cecil J. Martin

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

14. Maiden name Lucile Studer

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

Immediate cause of death: By all indications this infant smothered in bed with its mother. Was a 7 mo premature - now 9 mo old & a feeble weak infant

Other conditions: 182-2
(Include pregnancy within 3 months of death)

182-2
16

16. (a) Informant Mrs. Lucile Martin

(b) Address 109 Mahoney

17. (a) Paris Mo (b) Date thereof _____
(Barony, cross-town or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director: Wm. M. Smith

(b) Address 902 Broadway Hannibal

19. (a) 12-16-43 (b) R. S. Connor
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 119

(b) Date of occurrence Dec 16-43

(c) Where did injury occur? Hannibal Marion Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. S. Connor (M. D. or other) _____
Address Hannibal Mo Date 12-16-43

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

1146

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

George T. Bond

Registered Apprentice No. 350

working under my personal supervision.

Signed

Wm M. Smith

Licensed Embalmer No. 1204

P. O. Address. Hannibal 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.

SMITH'S
FUNERAL HOME

902 Broadway

Hannibal, Mo.

December 16, 1943

To Whom It May Concern:

This is to certify that I was called to view the body of Carol Ann Martin. Dr. Birney diagnosed the case as apparent suffocation, and so, signed the death certificate.



Wm. M. Smith

Coroner Marion County

5-43019

