o. 2
2-43
7-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 1 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3747

Registration District No. 4266 Primary Registration District No. ~~2447~~ 4366 Registrar's No. 48

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Granby (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 years, months or days) In this community .....

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

3. (a) PRINT FULL NAME Martha I. Jones
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 Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 4 (Day) 1856 (Year)

8. AGE: Years 87 Months 5 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) G
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) G
16. (a) Informant Elisa Wick Gibbons
(b) Address Granby, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Newtonia
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) Jan. 6 '44 (Date received local registrar) (b) Lulu Norwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1943 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from July 1, 1940, to Dec. 26, 1943; that I last saw her alive on Dec. 26, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Renal hypertensive disease	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 | A

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 Charles O. Chesser (M. D. or other) D.O.
Address Granby, Mo. Date signed 1/5/44

1144

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-10-44

District Health Officer No.

District File Number 1243-262

Date Filed 1-14-44

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 Margaret Culver, Registered Apprentice No. 357, working under my personal supervision.

Signed S. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.