S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4809

Registration District No. 371 Primary Registration District No. 4541 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Fordland
(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 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Fordland 112
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha S. O. Brien
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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 21 (Day) 1862 (Year)

8. AGE: Years 81 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Lebonan (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name L. H. Jennings
13. Birthplace (City, town, or county) Virgina (State or foreign country)
MOTHER
14. Maiden name Mary A. Brown.
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant C. E. Jennings
(b) Address Fordland Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Swan Cem.
18. (a) Signature of funeral director Kelley-Ferrell
(b) Address Fordland Mo
19. (a) Jan 30 1944 (Date received local registrar) (b) Susan O Beech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 26 year 1944 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from 11/5/43, 19, to 1/26, 1944; that I last saw her alive on 1/25, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	1wk
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) D.O.
Address Fordland, Mo Date signed 1/28/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 244-179
Date Filed FEB 11 1944

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 K. H. Keller

Licensed Embalmer No. 3334

P. O. Address Seymour 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.