

FILED MAR 8 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7205  
State File No. \_\_\_\_\_  
Registrar's No. 210

Registration District No. 128

Primary Registration District No. 2800 5465

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

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield Rural, D. Campbell twp.**  
(c) Name of hospital or institution: **R.F.D. # 6 Bdx / 130**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE**  
(c) City or town **SPRINGFIELD Rural, N. Campbell twp.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. # 6 Bdx 130**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **NANNIE E. MARTIN.**

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 **WIDOW**

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

7. Birth date of deceased **SEP. 16 - 1869**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **4** Days **13** If less than one day hr. min.

9. Birthplace **SPRINGFIELD MO. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife at Home**

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name **Wm Eagan**  
13. Birthplace **Greene Co. mo. 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unk.** **unknown**  
15. Birthplace **unk.** **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Leta Edgerton**  
(b) Address **Ed. mouth, Calif.**

17. (a) **Burial** (b) Date thereof **March 2, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hazelwood (mo)**

18. (a) Signature of funeral director **J. W. Hingner & Co.**  
(b) Address **SPRINGFIELD MO**

19. (a) **3-2-44** (b) **J. W. Hingner**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **29**  
year **1944** hour **7** minute **30** A. M.

21. I hereby certify that I attended the deceased from **2-5-**  
**1944** to **2-29-** **1944**  
that I last saw **her** alive on **2/28-** **1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Decompensating heart**  
Due to **Chronic myocarditis**

Other conditions **Semiplety + food deficiency**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy **P3d**

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 **0**

23. Signature **O. E. Feller** (M. D. of other) \_\_\_\_\_  
Address **Springfield Mo** Date signed **2/29/44**

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**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.....

*Roy A. Basin*

Licensed Embalmer No. *1763*

P. O. Address: *Springfield, 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.**