

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 6 1944**  
Registration District No. 134

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 8

Primary Registration District No. 4208

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

1. PLACE OF DEATH:  
(a) County Harrison  
(b) City or town Cainsville, Mo.  
(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 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Harrison  
(c) City or town Cainsville, Mo.  
(If outside city or town limits, write "RURAL")  
(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 Armina Thogmartin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 22 year 1944 hour 12 noon minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from March 1st, 1943, to Feb 22, 1944, that I last saw her alive on Feb 21, 1944, and that death occurred on the date and hour stated above.

4. Sex Female / race White / color or White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Taylor Thogmartin 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased March 10 1875  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Intestine

8. AGE: Years 68 Months 11 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Mercer Co., Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_  
12. Name Elias Norris  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Sally A. Yates  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Taylor Thogmartin  
(b) Address Cainsville, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Salem  
18. (a) Signature of funeral director Walter Samuel Home  
(b) Address Princeton, Mo.  
19. (a) 2-25-44 (Date received local registrar) (b) S. Phe Shaw (Registrar's signature)

23. Signature J. S. Duff (M. D. or other) \_\_\_\_\_  
Address Cainsville, Mo. Date signed 3-2-44

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

1103

**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 *H. Joan Martin*.....  
Licensed Embalmer No. *3760*.....  
P. O. Address *Princeton MD*.....

**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.**