

State File No.
 Registrar's No. 2

FILED MAR 11 1944
 Registration District No. 222

Primary Registration District No. 5794

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

1. PLACE OF DEATH:
 (a) County **Moniteau**
 (b) City or town **"Rural" Moreau**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **--**
(Specify whether)
 In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Moniteau**
 (c) City or town **3 miles S.W. Clarksburg**
(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 **Native**

3. (a) PRINT FULL NAME **Mollie Martin**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **February** day **15th**
 year **1944** hour **8** minute **30 P.M.**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Hugh C. Martin**
 6. (c) Age of husband or wife if alive **80** years
 7. Birth date of deceased **March, 25th, 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 1943** to **Feb 15 1944**
 that I last saw her alive on **Feb 15 1944**
 and that death occurred on the date and hour stated above.

8. AGE:
 Years Months Days If less than one day
80 10 20 hr. min.

Immediate cause of death **Cancer of Tongue**
 Duration **8mo**

9. Birthplace **Cooper County Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**
 11. Industry or business **Home**

Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
45 lb

MOTHER FATHER
 12. Name **John Ralston**
 13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
 14. Maiden name **Nancy Stephens**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Hugh C. Martin (Husband)**
 (b) Address **Clarksburg, Mo.**
 17. (a) **Burial** (b) Date thereof **2/18/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Clarksburg Masonic Cemetery**

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 **2**

18. (a) Signature of funeral director **James E. Richards**
 (b) Address **Tipton, Mo.**
 19. (a) **2/17-1944** (b) **Jennine M. Needels**
(Date received local registrar) (Registrar's signature)

23. Signature **H. H. Knapp** (or other) **D.O.**
 Address **Clarksburg** Date signed **2/16/44**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-9-44

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton, 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.