

Registration District No. 69

Primary Registration District No. 4120

Registrar's No. 4

1. PLACE OF DEATH:
 (a) County Christian
 (b) City or town Clever
 (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 30 yrs (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Christian
 (c) City or town Clever
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? 9 years

3. (a) PRINT FULL NAME Mrs. Martha Malinda Beverage
 3. (b) If veteran, name war _____ 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 _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March, 3, 1861
 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

MOTHER FATHER
 11. Industry or business _____
 12. Name John Etheridge
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lura Beverage
 (b) Address Clever, Mo

17. (a) burial (b) Date thereof Feb. 10, 44
 (Burial, cremation, or removal) (Month) (Day) (Year)
Wise Hill cem.
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director T.W. Maples
 (b) Address Clever, Mo.

19. (a) Feb. 11, 1944 (b) Mary F. Spears
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 7th
 year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1st
1942, to February 7, 1944
 that I last saw her alive on Feb. 7, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach
 Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: H&P
 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? _____

While at work? _____ (Specify type of place) (g) Means of injury _____

23. Signature Dr. H. B. Jones (M. D. or other) Do
 Address Clever, Mo. Date signed 2/10/44

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No. 6;

District File Number 344-326

Date Filed MAR 15 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

J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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, above space should be left blank.