

7. S. No. 2
DOM-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10942
Registrar's No. 39

FILED APR 12 1944
Registration District No. _____

Primary Registration District No. 4194

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

38
1
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1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Missouri (b) County Gentry ³⁸

(c) City or town Albany
(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 Ida Ann Martin

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 Married

6. (b) Name of husband or wife Dr. W. T. Martin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 31, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 6 28 hr. _____ min.

9. Birthplace Lee County Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lanier

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Anna Rose

15. Birthplace unk - Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. W. T. Martin

(b) Address Albany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/44
(Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Clifford Brock

(b) Address Albany Mo

19. (a) 3-30-1944 (Date received local registrar) (b) James T. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 28th 1944 to March 28th 1944 that I last saw him alive on March 28th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dehydration of Heart Duration Short

Due to Acute Cerebral Hemorrhage 3 months

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95c4

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature W. S. Campbell (M. D. or other) _____

Address Albany Mo Date signed March 30th 1944

1108

1944

FEB 4 1947

FEB 5 1947

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 JME

Registered Apprentice No. _____

working under my personal supervision.

Signed Clifford Bush

Licensed Embalmer No. 3329

P. O. Address Albany 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.