DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

Registration District No. 10

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5370

State File No. 17879

Registrar's No. 56

1. PLACE OF DEATH:

(a) County: Daviess

(b) City or town: Rural Union Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ¼ Mi. East Gallatin
(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: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Daviess

(c) City or town: ~~Gallatin~~ Rural - Union Twp.
(If outside city or town limits, write "RURAL")

(d) Street No.: ¼ Mi. East Gallatin
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Josie Belle 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: Married

6. (b) Name of husband or wife: William Martin

6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: January (Month) 9 (Day) 1868 (Year)

8. AGE: Years 76 Months 4 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace: Daviess County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ____

MOTHER FATHER

12. Name: Abraham McClure

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

14. Maiden name: Mary Ann Litton

15. Birthplace: Livingston Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Miss Mary Martin

(b) Address: Gallatin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-17-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Lock Springs, Missouri

18. (a) Signature of funeral director: Hope Funeral Home

(b) Address: Gallatin, Mo.

19. (a) 5-18-1944 (Date received local registrar) (b) L. O. Dickerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1944 hour 7 minute 35 P M.

21. I hereby certify that I attended the deceased from May 29, 1940 to May 15, 1944 that I last saw her alive on May 15, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	several yrs.
Due to: also Chronic Hypertension	several yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Fred W. Wilson (M. D. or other)

Address: Winston, Missouri Date signed: 5-18-44

1081

(Licensed Embalmer's Statement on Reverse Side)

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

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.