

FILED JUL 7 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21450
Do not use this space.

1. PLACE OF DEATH

(a) County Dallas Registration District No. 26
(b) Township North Benton Primary Registration District No. S347
(c) City Buffalo Rural (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 63 yrs. 6 mos. 6 da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

BELLE ZORA MARTIN

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elbert Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 1880
7. AGE YEARS 63 MONTHS 6 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Dallas Mo
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Harrison Brown
14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Belinda Martin
16. BIRTHPLACE (CITY OR TOWN) Bany Mo
(STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Elbert Martin
Buffalo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 6-8 1944

19. FUNERAL DIRECTOR (NAME) L B Jones
(ADDRESS) Buffalo Mo

20. FILED 6-23 1944 L B Jones
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1944

22. I HEREBY CERTIFY That I attended deceased from 12:00 PM 44, to June 6 1944
I last saw her alive on June 4 1944 Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
Carcinoma of Ascending Colon
Transition to Liver
Date of onset 1942?
Name of operation _____ Date of _____
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: _____

(Signed) Went O. Hammond, M. D.
(Address) Buffalo Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

30 000

RECORD RECEIVED FOR BINDING

FORM-1-12-290 I X14028

RECEIVED

District Health Officer No. 7,

District File Number 7-44-160

Date Filed 7-6-44

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

Registered Apprentice No., working under my personal supervision.

Signed *Maria B. Jones*

Licensed Embalmer No. *4322*

P. O. Address *Buffalo, 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.