

FILED JUL 6 1944
 Primary Registration District No. 576

Primary Registration District No. 4538

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

1. PLACE OF DEATH:
 (a) County WAYNE
 (b) City or town PIEDMONT
(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 1
(Specify whether years, months or days)
 In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME AMAND JOSEPHINE 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 WIDOWED
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAR 23 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>1</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation HOUSE WORK

11. Industry or business HOMER

MOTHER FATHER
 12. Name WILLIAM RAY
 13. Birthplace UNKNOWN A
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN A
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. J. WILKERSON
 (b) Address PIEDMONT Mo.

17. (a) BURIAL (b) Date thereof MAY 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MIKE CEM.

18. (a) Signature of funeral director [Signature]

(b) Address PIEDMONT

19. (a) June 10 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County WAYNE III
 (c) City or town PIEDMONT, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6
 year 1944 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from April 20 1944 to May 6 1944
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina
pectoris

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address PIEDMONT, Mo. Date signed 6-7-1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 244-400
Date Filed 7-5-44

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 Norman W. Gish
Licensed Embalmer No. 3387

P. O. Address Piedmont, Va

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.