

U.S. No. 2
FORM-5-43
Rev. 5-17-39
X38671

Registration District No. **1144**

Primary Registration District No. **4198**

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

1. PLACE OF DEATH:
 (a) County **Gentry.**
 (b) City or town **King City Mo.**
 (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 _____ (Specify whether
 In this community **26 Yrs.** years, months or days)

3. (a) PRINT FULL NAME **Mildred Louise Martin.**
 3. (b) If veteran, name war **No.**
 3. (c) Social Security No. **No.**

4. Sex **Female**
 5. Color or race **Cau.**
 6. (a) Single, widowed, married, divorced **Married.**
 6. (b) Name of husband or wife **John. M.**
 6. (c) Age of husband or wife if alive **41** years
 7. Birth date of deceased **Oct. 25 1904.**
 (Month) (Day) (Year)

8. AGE: Years **39** Months **8** Days **24**
 If less than one day _____ hr. _____ min.

9. Birthplace **Giard Pa. 1**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housework.**

11. Industry or business _____

12. Name **Theodore H. McElroy.**

13. Birthplace **Giard Pa. 1**
 (City, town, or county) (State or foreign country)

14. Maiden name **Zena May Suchland.**

15. Birthplace **Giard Pa. 1**
 (City, town, or county) (State or foreign country)

16. (a) Informant **John M. Martin.**

(b) Address **King City Mo.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **July 21, 1944**
 (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph Mo.**

18. (a) Signature of funeral director **R. J. Taggart**
 (b) address **King City Mo.**

19. (a) **July 21-1944** (Date received local registrar) (b) **Thomas W. Mbetter** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Gentry 38**
 (c) City or town **King City Mo. 2**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19.**
 year **1944** hour **6** minute **30.A.** M.

21. I hereby certify that I attended the deceased from **January 29** to **July 19**, 19**44**
 that I last saw **living** alive on _____, 19_____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitis**

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) **61**

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?

While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature **W. S. Stack** (M. D. or other)
 Address **King City, Mo.** Date signed **7/20/44**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.....

R. G. Taggart

Licensed Embalmer No. 2563.....

P. O. Address King City 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.