

S. No. 2  
M-243  
5-17-39  
I X3587

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28152

FILED SEP 9 1944

State File No. \_\_\_\_\_

Registrar's No. 47

Registration District No. 114

Primary Registration District No. 5644

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

1. PLACE OF DEATH:

(a) County Lalayette

(b) City or town Lalayette

(c) Name of hospital or institution: 47th S.E. Hwy 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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lalayette

(c) City or town Lalayette  
(If outside city or town limits, write "RURAL")

(d) Street No. 47th S.E. Lexington  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARTHA WILLARD

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Jan 22 1939  
(Month) (Day) (Year)

8. AGE: Years 5 Months 6 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Homemaker

11. Industry or business \_\_\_\_\_

12. Name Robert Willard

13. Birthplace Lexington, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Miss Matton

15. Birthplace Camden, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Willard

(b) Address Lalayette, Mo

17. (a) Burial (b) Date thereof 8-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lalayette, Mo

18. (a) Signature of funeral director Frank J. Dewey

(b) Address Lalayette, Mo

19. (a) Aug-17-44 (b) Walt Dahwab  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9  
year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 5<sup>th</sup> 1944 to Aug 9<sup>th</sup> 1944  
that I last saw h. or alive on Aug 8<sup>th</sup> 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Septic poisoning from abscess glands of neck following scarlet fever

Due to Scarlet fever

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy None

Duration \_\_\_\_\_

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)

(e) Means of injury \_\_\_\_\_

23. Signature W. H. Randall (M. D. or other)  
Address Lalayette, Mo Date signed 8/17/44

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(Licensed Embalmer's Statement on Reverse Side)

