

S. No. 2  
AM-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 9 1944**  
Registration District No. 340

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29003  
Registrar's No. 132

Primary Registration District No. 6225

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

1. PLACE OF DEATH:  
(a) County Vermon  
(b) City or town Rural - Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hosp # 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr 7 days  
(Specify whether  
In this community Same  
years, months or days)

3. (a) PRINT FULL NAME Martha L. Jones  
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, Widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 25 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 17  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation None

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

MOTHER FATHER

12. Name Archibald McWherson

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

14. Maiden name McWherson

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

16. (a) Informant Hosp Recd

(b) Address Neuada, Mo

17. (a) Burial (b) Date thereof Aug 13, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Cem. Dale Co. Mo

18. (a) Signature of funeral director Phillips General

(b) Address Golden City, Mo

19. (a) 8-11-44 (b) Hazel B. Beuck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Barton 101  
(c) City or town Golden City  
(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 Aug day 11  
year 1944 hour 3 minute 50 AM

21. I hereby certify that I attended the deceased from Aug 4, 1943, to Aug 10, 1944,  
that I last saw her alive on Aug 10, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chr. myocarditis  
Due to ant. anterior bow

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 93d

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 \_\_\_\_\_  
23. Signature H. J. Lamer (M. D. or other) \_\_\_\_\_  
Address Neuada Date signed 8/11/44

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
Death Health Officer No. 7,  
Certificate Number 8-44-1023  
Date Filed 9-8-44

**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 *H. P. Hough*  
Licensed Embalmer No. 3278  
P. O. Address Golden 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.