

FILED NOV 10 1944

Registration District No. 42

Primary Registration District No. 1500

Registrar's No. 1097

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2607 Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 52 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2607 Olive
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAGGIE FRANCES MARTIN

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, married

6. (b) Name of husband or wife Charles Martin 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased April 9 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Lafayette Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Albert Ferrell

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

14. Maiden name Lugenia Ward

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

16. (a) Informant Mrs. R. O. Bennett

(b) Address 2607 Olive

17. (a) burial (b) Date thereof 10/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Beble & Bowman K.C.,

(b) Address 319 South 10th

19. (a) 10/31/44 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1944 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from
Jan 20 1944 to Oct. 29 1944

that I last saw ~~her~~ alive on Oct 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Hypertension and Arteriosclerosis General

Due to _____

Other conditions 8301
(Include pregnancy within 3 months of death)

Major findings: No operations

Of autopsy NO 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? _____

MO. While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. E. Baugher (M. D. or other) Address 511 Kirkpatrick Bldg. Date signed 10-30-44

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

1377

Dr. A. E. Burzher
Kirk Bldg.

JUN 5 1945

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

Frank A. Burzher

Licensed Embalmer No.

1710

P. O. Address

St. Joseph 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.