

S. No. 2
4-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39096**

FILED NOV 28 1944

Registration District No. **3**

Primary Registration District No. **6269**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **Webster**
(b) City or town **Rural - Ozark township**
(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) **1**
(d) Length of stay: In hospital or institution **x** (Specify whether)
In this community **85 years** years, months or days

3. (a) PRINT FULL NAME **Martha Jane Dalrymple**

3. (b) If veteran, name war **x** 3. (c) Social Security No. **x**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Henry Dalrymple** 6. (c) Age of husband or wife if alive **8** years
7. Birth date of deceased **March - 28 - 1854**
(Month) (Day) (Year)

8. AGE: Years **90** Months **5** Days **7** If less than one day **x** hr. **x** min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **John Abernathy**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **J. H. Dalrymple (son)**

(b) Address **Marshfield, Mo.**

17. (a) **Burial** (Burial, cremation, or otherwise) (b) Date thereof **9-7-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Marshfield**

18. (a) Signature of funeral director **Ray Fleming**

(b) Address **Marshfield, Missouri**

19. (a) **Oct. 6-44** (Date received local registrar) (b) **Charlotte Bruce** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Webster**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **Ozark township** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **x**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **5** year **1944** hour **1:25** minute **p.M.**

21. I hereby certify that I attended the deceased from **Jan. 13 1944** to **Sept. 5 1944** that I last saw her alive on **Aug. 29 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis, Atrophic (Senile)**
Due to **Old age degenerative Processes**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **93d**
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) (e) Means of injury

23. Signature **C. P. Macdonnell** (M. D. or other) **M.D.**
Address **Marshfield, Mo.** Date signed **9/6/44**

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

1200

1544

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1144-1261

Date Filed NOV. 24 1944

428

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 *Lex H. [Signature]*

44 P Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.