

FILED JAN 6 1945

5347

Registrar's No. _____

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Buffalo Rural
(If outside city or town limits, write "RURAL" and name of township)
Benken Twp
(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 40 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1944 hour _____ minute 5 P. M.
21. I hereby certify that I attended the deceased from ten years 1934 to 1944
that I last saw him alive on Oct 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular heart dis Duration 10 yrs
Arterio Sclerosis and advanced
Due to old 75 to 100 yrs

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations none
Of autopsy none

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 0

23. Signature [Signature] (M. D. or other) MD
Address Buffalo Date signed 12-26-44

3. (a) PRINT FULL NAME AMELIA MARTIN

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 17 1843
(Month) (Day) (Year)

8. AGE: Years 00 Months 9 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation housekeeper

11. Industry or business _____

12. Name unknown

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

14. Maiden name _____

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

16. (a) Informant Mrs Jesse Norman

(b) Address Buffalo, Mo

17. (a) Burial (b) Date thereof 12-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Chapel

18. (c) Signature of funeral director [Signature]

(b) Address Buffalo, Mo

19. (a) 12-29-44 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

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

3000

12-44-1423
1-5-45

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.....
Licensed Embalmer No.....
P. O. Address.....

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.