

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 7

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

Registration District No. 13

Primary Registration District No. 3003

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Marion Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Vincents
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days
Specify whether

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jawbone

(c) City or town Prince City 55
(If outside city or town limits, write "RURAL")

(d) Street No. Washington Ave 4
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ellen 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 single

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

7. Birth date of deceased Feb. 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 11 8 _____ hr. _____ min.

9. Birthplace Batesville Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business _____

12. Name Ellen Martin

13. Birthplace Batesville Ind. Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Martin

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

16. (a) Informant Anna Byers

(b) Address Prince City Mo.

17. (a) Burial (b) Date thereof Feb. 28 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prince City Mo.

18. (a) Signature of funeral director Wm. [unclear]

(b) Address Prince City Mo.

19. (a) Jan 26 - 1945 (b) Andra Willoughby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 45 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from Nov 15, 1944 to 1-26-45, 1945;
that I last saw h. _____ alive on _____, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema adysp

Due to Cerebral apoplexy stroke

Due to hypertension + chr nephros several yrs

Other conditions chr BB disease several yrs

Major findings: Of operations 131

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature F. J. Moenmighoff (M. D. or other) _____
Address Princeton Mo Date signed 1/26/45

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

No. 2
-2-43
5-17-39
1 X35627

132e

RECEIVED

District Health Officer No. 6;

District File Number 245-194

Date Filed FEB 8 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 me

..... Registered Apprentice No.
working under my personal supervision.

Signed Wm Russell

Licensed Embalmer No. 1512

P. O. Address Osine 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.