

FILED MAR 14 1945

Registration District No. 59

Primary Registration District No. 4099

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill
(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)
(d) Length of stay: in hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Martha Ann May

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

4. Sex fe 5. Color or race wh 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 Dec-19-1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 18
If less than one day hr. _____ min. _____

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

10. Usual occupation housekeeper

11. Industry or business _____

12. Name white

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Wm Chandler

(b) Address Pleasant Hill, Mo

17. (a) Removal (b) Date thereof 11/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Hubert Cemetery

18. (a) Signature of funeral director W. H. Noe

(b) Address Pleasant Hill, Mo

19. (a) Nov 5, 1945 (b) Margaret V. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1944 hour 10 minute - A. M.

21. I hereby certify that I attended the deceased from Nov 21 1944 to Oct 7 1944
that I last saw her alive on Nov 7 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis
Due to arterial sclerosis

Due to Senility

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

Major findings: Of operations _____

Of autopsy _____

Duration

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 E. A. Albert (M. D. or other) _____
Address Pleasant Hill Mo Date signed 11/29/44

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

MOTHER FATHER

1047

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 *D. J. Nofsinger*

Licensed Embalmer No. 3938

P. O. Address Pleasant Hill, Pa.

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.