V. S. No. 2
00M—5143
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10254

Registration District No. 236 Primary Registration District No. 4351 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Morgan
(b) ~~City~~ or town Barnett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan
(c) City or town Rural — Barnett
(If outside city or town limits, write "RURAL")
(d) Street No. Barnett - Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Martha-Ann-Andrews
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~~ Widowed
6. (b) Name of husband or ~~wife~~ Geo. Roberts-Andrews
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov. (Month) 15 (Day) 1871 (Year)

8. AGE: Years 73 Months 4 Days 7 If less than one day — hr. — min.

9. Birthplace Morgan-Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name J. W. Beard
13. Birthplace Morgan-Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Mary-Compton
15. Birthplace Miller-Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Ethel R. Routon
(b) Address Barnett Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell - Cem
18. (a) Signature of funeral director Keith M Kays
(b) Address Eldon Mo
19. (a) 3-23-45 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 22 year 1945 hour 9 minute 40 P M.
21. I hereby certify that I attended the deceased from Jan 1944, 19__, to Mch 22, 1945; that I last saw her alive on Mch 22, 1945; and that death occurred on the date and hour stated above.
Immediate cause of death Hemiplegia
Due to Hypertension Cardio-Vascular-Renal-
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 131 a
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. C. Allee (M. D. [redacted])
Address Eldon Mo Date signed 3/23/45

1029

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7a
District File Number 3-40-332
Date Filed 4-10-43

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 Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.