

S. No. 2
M-8-43
v. 5-17-39
I X37823

20656

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 29 1945

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 185

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Festus
(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 (b) County Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? no (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Lydia Jane Martin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
23. DATE OF DEATH: Month Apr day 1st
year 1945 hour 3 minute 4 A. M.
21. I hereby certify that I attended the deceased from July '44
_____ 19____ to Apr 3 1945
that I last saw her alive on Apr 3 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Isaac Martin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 19 1857
(Month) (Day) (Year)

Immediate cause of death Ulcer of Stomach Duration 1 year
Due to Age 117a²
Due to _____

8. AGE: Years 88 Months 1 Days 15 If less than one day _____ hr. _____ min.
9. Birthplace Festus Ark. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife
11. Industry or business _____
12. Name James Dorsey
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Lydia Graves
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. A. C. Murphy
(b) Address Festus Mo
17. (a) Burial (b) Date thereof 4-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Telegraph Cem. (Jeff. Co.)
18. (a) Signature of funeral director Frank Funeral Bureau
(b) Address Festus Mo
19. (a) April 17, 1945 (b) Virginia Williams, Reg.
(Date received local registrar) (Registrar's signature)

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) Means of injury 0
23. Signature J. E. Rutledge, M. D. (M. D. or other)
Address Festus, Mo Date signed 4-6-45

1359 (Licensed Embalmer's Statement on Reverse Side)

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

10
13
1

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-28-45

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 Elvira Province

Licensed Embalmer No. 3403

P. O. Address Fedusa 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.