S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25270

FILED AUG 14 1945

Registration District No. 354 Primary Registration District No. 6198 Registrar's No. 99

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town Cass Tn. (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 years, months or days) 7 mos.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 10

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARIE ANGLE MARTIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lucius Martin

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

7. Birth date of deceased Jan (Month) 19 (Day) 1876 (Year)

8. AGE: Years 69 Months 6 Days 19 If less than one day hr. min.

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

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name — Humbert
13. Birthplace (City, town, or county) France (State or foreign country) 5

MOTHER
14. Maiden name — Roberts
15. Birthplace (City, town, or county) France (State or foreign country) 5

16. (a) Informant C C Martin

(b) Address Simmons

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 45 (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery Randolph Co Ark.

18. (a) Signature of funeral director Gaylord V Elliot

(b) Address Cabool Mo

19. (a) July 26-45 (Date received local registrar) (b) Mrs Lou Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 25 day 1945 year hour minute M.

21. I hereby certify that I attended the deceased from 12-14, 1944, to 7-25-, 1945 that I last saw her alive on 7-21, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	7 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic myocardial degeneration	2 yrs.

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry R. Rose (M. D. or other) D.O.

Address Houston, Mo. Date signed 7-25-45

1234 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 845325
Date Filed 8-13-45

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 Gaylord V Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.