

**FILED NOV 28 1945**

Registration District No. **109**

Primary Registration District No. **5424**

**1. PLACE OF DEATH:**

(a) County **Dunklin**  
(b) City or town **Campbell (Rural) Tenn**  
(c) Name of hospital or institution **Home - 1**  
(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)

3. (a) PRINT FULL NAME **Martha Lillian Needham**

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 **widowed**  
6. (b) Name of husband or wife **John W. Needham** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 17 1874**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **2** Days **6** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Wm Lafayette Bateman**  
13. Birthplace **unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown** (City, town or county) (State or foreign country)

16. (a) Informant **Mrs. Finis Miller**

(b) Address **Campbell, Missouri**

17. (a) **Burial** (b) Date thereof **10-25-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Malden (Old Cemetery)**

18. (a) Signature of funeral director **Anderson Funeral Home**

(b) Address **Campbell, Missouri**

19. (a) **Oct 26 1945** (b) **Mrs. Beulah Campbell**  
(Date received by registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Dunklin**  
(c) City or town **Campbell (Rural)**  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **October** day **23**  
year **1945** hour \_\_\_\_\_ minute **8:30 A.M.**

21. I hereby certify that I attended the deceased from **Jan 1 - 1945** to **Oct 23 1945**  
that I last saw her alive on **Oct 23 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Embolic of Iam**  
**Both legs of Iam**  
Due to **myocardial disease** 10 yrs  
Duration **2 days**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations **✓**  
Of autopsy **✓**  
PHYSICIAN **938**  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) (e) Means of injury **2**

23. Signature **S. Carlston** (M. D. or other)  
Address **Malden** Date signed **Oct 24 1945**

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

500

Case File Number  
**RECEIVED**  
District Health Office No. 2,  
District File Number 1145-3277  
Date Filed 11-8-45

**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 Christina M. Landess  
Licensed Embalmer No. 4227  
P. O. Address Campbell, Md

**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.