

Dr. Albert Martin

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37966**

FILED NOV 28 1945

Registration District No. *278*

Primary Registration District No. *4330*

Registrar's No. *41*

1. PLACE OF DEATH:

(a) County *Mississippi*

(b) City or town *East Prairie*

(c) Name of hospital or institution: *Residence*
(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 *Mo.* (b) County *Miss.*

(c) City or town *East Prairie Mo.*
(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 *MARTHA HELEN LUCAS*

3. (b) If veteran, name war *✓*

3. (c) Social Security No. *none*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct.* day *3*
year *1945* hour *5* minute *10 a.m.*

4. Sex *Female*

5. Color or race *White*

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 *May 22, 1858*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *July* 19*44* to *Oct. 3* 19*45*
that I last saw her alive on *Sept. 30* 19*45*
and that death occurred on the date and hour stated above.

Immediate cause of death *Uremia*
Poison from kidney

Duration _____

8. AGE: Years *87* Months *4* Days *11* If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace *Cruttendon Co. Ky.*
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations *130*

Of autopsy _____

MOTHER FATHER

10. Usual occupation _____

11. Industry or business _____

12. Name *John N. King*

13. Birthplace *Unknown Ky.*
(City, town, or county) (State or foreign country)

14. Maiden name *Caroline Thurman*

15. Birthplace *Unknown Ky.*
(City, town, or county) (State or foreign country)

16. (a) Informant *Miss Ernest Mc Millan*

(b) Address *East Prairie, Mo.*

17. (a) *Burial* (b) Date thereof *10-4-45*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *W. J. W.*

18. (a) Signature of funeral director *Travis Shelby*

(b) Address *East Prairie*

19. (a) *11-1-45* (b) *Gertrude G. Harper*
(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) (e) Means of injury _____

23. Signature *A. J. Martin* (M. D. or other) _____
Address *East Prairie Mo.* Date signed *11/1-45*

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

RECEIVED
District Health Office No. 2,
District File Number 1145-3292
Date Filed 11-24-45

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.