

S. No. 2
DM-243
7-5-17-39
P-1 X35697

40984

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 5

FILED JAN 5 1946
Registration District No. _____

Primary Registration District No. 5302

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Marion, Mo. *check map*

(c) Name of hospital or institution: Marion, Mo. Main St.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 16

(c) City or town Marion, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Marion, Mo. Main St.
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary ann Martin

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Cyrus

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

7. Birth date of deceased April, 4, 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1943, 19____, to Dec 5, 1945, that I last saw her alive on Dec 5, 1945 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>2</u>	hr. _____ min.

Immediate cause of death: Thrombotic cerebral hemorrhage

Due to hypertension

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

Major findings: Of operations 83

Of autopsy _____

9. Birthplace Centertown, Mo. Cole Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Allen

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah H Rannaberger

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Connell

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 12-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem. Tipton, Ind.

18. (a) Signature of funeral director Victor Buescher

(b) Address Jefferson City, Mo.

19. (a) 12-6, 1945 (b) Ira P. Hutson
(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? Ind.

While at work? _____ *(Specify type of place)*
(e) Means of injury _____

23. Signature Ira P. Hutson or other _____
Address Centertown, Mo. Date signed 12/8/45

Duration 2 1/2 hrs

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Dr. Mayfield

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-4-46

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: *Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address. Jefferson City, 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.