

FILED JAN 14 1946 STANDARD CERTIFICATE OF DEATH

State File No. **41864**Registration District No. 210Primary Registration District No. 4322

Registrar's No.

1. PLACE OF DEATH:

(a) County Mercer
 (b) City or town Princeton
 (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 60 Years
 years, months or days)

3. (a) PRINT FULL NAME Martha E. Lambert

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

7. Birth date of deceased April 5 1857
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
88 8 7 hr. min.9. Birthplace Grant Co. Ky
(City, town, or county) (State or foreign country)10. Usual occupation House Keeper

11. Industry or business.....

12. Name A. C. Abernathy13. Birthplace Ky
(City, town, or county) (State or foreign country)14. Maiden name Jane Blackburn15. Birthplace Ky
(City, town, or county) (State or foreign country)16. (a) Informant Earl Lambert(b) Address Princeton, Mo.17. (a) Burial (b) Date thereof 12-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Princeton18. (a), Signature of funeral director Martin Funeral Home(b) Address Princeton, Mo.19. (a) 12-14-45 (b) Gwen Marth
(Date received local registrar) (Registrar's signature)**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Mercer 65
 (c) City or town Princeton 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION20. DATE OF DEATH: Month December day 12th
year 1945 hour 10 minute 40 P.M.21. I hereby certify that I attended the deceased from November 27, 1945, to December 12, 1945,
that I last saw h. er alive on December 11, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia

Duration

2 monthsDue to Chronic glomerulo-nephritis 15 yrs

Due to.....

Other conditions Myocarditis
(Include pregnancy within 9 months of death) 5 yrsMajor 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?

While at work?..... (Specify type of place)

Means of injury.....

23. Signature M. Marie Lambert (M. D. or other) MD
Address Princeton, Mo Date signed 12/13/45

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

RECEIVED
District Health Officer No. 11,
District File Number.....
Date Filed.....

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *H. Ivan Martin*.....

Licensed Embalmer No. *2760*.....

P. O. Address *San Antonio, 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.