S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42143

State File No.

Registration District No. 277 Primary Registration District No. 5950 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Pike

(b) City or town "RURAL" HARTFORD TWNSHIP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 11 Mi S.E. of VANDALIA Mo
(If not in hospital or institution, write street number or location)

(d). Length of stay: In hospital or institution (Specify whether
In this community 55 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Pike 82

(c) City or town "RURAL" HARTFORD TWNSP.
(If outside city or town limits, write "RURAL")

(d) Street No. 11 Mi S.E. of VANDALIA Mo
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARTHA JANE LEMASTERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife BENTON HERMAN LEMASTERS

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased SEPT. (Month) 24 (Day) 1864 ~~1877~~ (Year)

8. AGE: Years 81 ~~71~~ Months 1 Days 19 If less than one day hr. min.

9. Birthplace LEWISVILLE, LINCOLN Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name Wm P. JAMIESON
13. Birthplace WASHINGTON Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name MARY COPENHAVER
15. Birthplace UNKNOWN (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Garth Chase
(b) Address Farber, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV (Month) 13 (Day) 1945 (Year)
(c) Place: burial or cremation CENTRAL UNION CEM.

18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia Mo.

19. (a) Nov 13 1945 (Date received local registrar) (b) Bill Robinson (Registrar's signature)
M. Fugue R.R. 1600

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12
year 1945 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from 6/6, 1945 to 11/11, 1945;
that I last saw her alive on 11/11, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	1 day
Due to Carcinoma of Rectum	1 year.
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
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 Thos. L. Dwyer, M.D. (M. D. ~~or other~~)
Address Vandalia, Mo. Date signed 11/12/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-45-1922
Date Filed DEC 20 1945

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 N. S. Yates

Licensed Embalmer No. D 4298

P. O. Address Vandalia 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.