

FILED APR 10 1946

STANDARD CERTIFICATE OF DEATH

State File No. **8728**

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **85**

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Jackson Mo. R.F.D. # 1
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson Mo. R.F.D. # 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Roseanna Story Martin

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

7. Birth date of deceased February 12th 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

89 0 29 _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Jess Story

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clarence Price

(b) Address Leman, Missouri.

17. (a) Burial (b) Date thereof 3-13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Apple Creek Cemetery

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau Missouri.

19. (a) 3-12-1946 (b) C.E. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11
year 1946 hour 7:45 minute _____ A.M.

21. I hereby certify that I attended the deceased from March 1st 1946, to Mar 11 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack

Due to Influenza

Due to suppuration

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

Major findings: Of operations _____ Of autopsy no 338

Duration _____

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) (e) Means of injury _____

23. Signature W. J. Barry (M.D. or other) _____

Address Cape Girardeau Date signed 3-12-46

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

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District Health Officer No. 4

District File Number 446-1930

Date Filed 4-9-46

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 *Howard P. Herman*

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Misso.

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.