S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

11385

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12476

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 123

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: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 WKS. (Specify whether
In this community 8 WKS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott 10
(c) City or town Fornfelt 2 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country ✓

3. (a) PRINT FULL NAME Anna Clara Martin
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gebhardt A. Martin
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Oct. (Month) 25 (Day) 1894 (Year)

8. AGE: Years 51 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Brinkley (City, town, or county) Ark. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John J. Wallbraun 4
13. Birthplace Unk (City, town, or county) Germany 1 (State or foreign country)
MOTHER
14. Maiden name Anna Clara Komstett
15. Birthplace ~~Anna Cl~~ Unk. (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Gebhardt Martin
(b) Address Fornfelt Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lightner, Illmo Mo.
18. (a) Signature of funeral director Bieplinshoff Funeral Home
(b) Address Illmo Mo.
19. (a) 4-8-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 27 year 1946 hour 2-30 minute A M.
21. I hereby certify that I attended the deceased from Feb. 21 1946 to Mch. 27 1946 that I last saw her alive on Mch. 23 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Diabetes Mellitus
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other) M. D.
Address Illmo Mo. Date signed 4-6-46

(Licensed Embalmer's Statement on Reverse Side)

VED

alth Officer No. 4

ile Number 546-2060

5-7-46

MAY 1 1947

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 Mamie Bisplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.