S. No. 2
M—2-43
. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13598

Registration District No. 156 Primary Registration District No. 2nd Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. Johns Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")

(d) Street No. 806½ Main 5 (If rural, give location)

(e) Citizen of foreign country? N (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Margaret Ann Martin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 5, (Day) 1946 (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name James Martin 1
13. Birthplace Caney (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name May Jane Rankin
15. Birthplace Hockerville (City, town, or county) Okla (State or foreign country) 1

16. (a) Informant Mr. James Martin
(b) Address 806½ Main, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sinvited Cem.

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3-12-46 (Date received local registrar) (b) Dillie Pearson, D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar. 5, 1946 to Mar. 6, 1946 that I last saw her alive on Mar. 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure Cerebral pressure at Birth — Duration 28 hrs.

Due to Inertia uteri

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

158

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 J. A. Chenwalt (M. D. or other)

Address Joplin Mo. Date signed 3/8/46

138

(Licensed Embalmer's Statement on Reverse Side)

46-3-264

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.