

FILED APR 17 1946

Registration District No. 264

Primary Registration District No. 5891

Registrar's No. 10

1. PLACE OF DEATH:

(a) County... Ozark
(b) City or town... Gainesville- rural- Bridges
(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... 65 years
In this community... 65 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Ozark
(c) City or town... Gainesville- rural
(d) Street No...
(e) Citizen of foreign country? No
If yes, name country...

3. (a) PRINT FULL NAME... Emmarilla 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... widowed

6. (b) Name of husband or wife... Perry H. Martin 6. (c) Age of husband or wife if alive... D. years

7. Birth date of deceased... April 22 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 6
If less than one day hr. min.

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

10. Usual occupation... Housewife

11. Industry or business...

12. Name... John Mefford

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

14. Maiden name... Early

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

16. (a) Informant... Alvin Gorcham
(b) Address... Gainesville Mo.

17. (a) Burial (b) Date thereof... 3-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Lilly Ridge

18. (a) Signature of funeral director... Glendingboard Funeral

(b) Address... Gainesville, Mo.

19. (a) 3-17-46 (b) Alvin Gorcham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... March day... 15
year... 1946 hour... 11 minute... 45 a. M.

21. I hereby certify that I attended the deceased from March 5
1946 to March 15 1946
that I last saw her alive on March 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death... Pulmonary hemorrhage 3 min
Duration

Due to... Aneurism of aorta?

Due to... Arterio-vascular-renal disease 20 ye

Other conditions... (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)
(e) While at work (f) Means of injury...

23. Signature... Date signed...
Address...
Date signed 3/16/46

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

MOTHER FATHER

RECEIVED
District Officer No. 6.
446-439
Date Filed APR 12 1946

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 *W. B. Hutchins*

Licensed Embalmer No. *3431*

P. O. Address *Yamsville 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.