

FILED MAY 16 1946

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16236
Do not use this space.

1. PLACE OF DEATH

(a) County DUNKLIN Registration District No. 10 3
 (b) Township clay Primary Registration District No. 5 4 1 7 Registered No. 30
 (c) City RIVES (d) Street No. 1 St. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ELIZA ANN MARTIN

(a) Residence, No. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1946

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Edward Martin

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1946, to May 7, 1946
 I last saw h. p. alive on May 7, 1946. Death is said to have occurred on the date stated above, at 9:30 a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1879

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1

Myocarditis Date of onset 6/22/44

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 1

Other contributory causes of importance:
Anasarca
93D

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

FATHER 13. NAME Valentine Cagle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

MOTHER 15. MAIDEN NAME Clementine Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

17. INFORMANT J. F. Martin (ADDRESS) Rivas Mo

18. BURIAL PLACE, OR REMOVAL PLACE Selma Tenn DATE 5/8/46

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Holt Funeral Home Inc Slytheville Ark

20. FILED 5-21-46 19. Bertha Kinsolving Local Registrar

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) S. J. Kofler, M.D.
 (Address) H. Andrews, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

35
0
0

46

MAY 23 1948

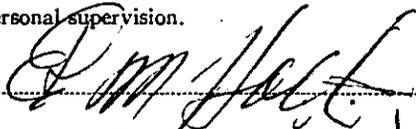
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

at Blytheville Arkansas, or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. 665

P. O. Address Blytheville Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

Registration District No. 103

Primary Registration District No. 5417

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Clay Springs River
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME

Eliza Ann Martin

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

7. Birth date of deceased Mar 17
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name Valentine Cagle

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

14. Maiden name Clementine Wilson

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

16. (a) Informant J. E. Martin

(b) Address Rivers, Mo

17. (a) (Burial, cremation, or otherwise) _____ (b) Date thereof 5-8-46
(Month) (Day) (Year)

(c) Place: burial or cremation Salma, Tenn

18. (a) Signature of funeral director Half Funeral Home
(b) Address Stephensville Ark.

19. (a) May 21 - 1946 (b) Bertha Kinschne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Rivers Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Year 1946 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 S. L. Koplouff D.O. (M. D. or other)

Address Hornersville Date signed 5-21-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

MOTHER FATHER

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A CERTIFICATE

10236