

**FILED JUL 16 1946**

Primary Registration District No. **2001**

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**  
(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 **Newton**

(c) City or town **Newbern**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Wilma Gladys Martin**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **499-22-0971**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**  
year **1946** hour **6** minute **33 P.M.**

21. I hereby certify that I attended the deceased from **May 14**  
**1946**, to **June 10**, **1946**  
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife **Reginald A. Martin**

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

7. Birth date of deceased: **June** (Month) **25** (Day) **1904** (Year)

Immediate cause of death: **illius following surgery**

Duration **2 days**

8. AGE: Years **41** Months **11** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Surgery, conization of cervix, hysterectomy, bilateral salpingectomy, umbilical hernia.** June **4** 1946

9. Birthplace: \_\_\_\_\_ (City, town, or county) **Michigan** (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **housewife**

Major findings: Of operations **as above**

11. Industry or business \_\_\_\_\_

Of autopsy **none**

12. Name **UNKNOWN Colverworth**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **Mrs. Paul Piles**

(b) Address **Newbern**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-13-46** (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director **Chapman Funeral Home**

(b) Address **Newbern, Mo.**

(c) Date received local registrar **6-13-46**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **N O.**

(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) (c) Means of injury \_\_\_\_\_

23. Signature **Am. Lee** (M. D. or other) \_\_\_\_\_

Address **Joplin Mo.** Date signed **6/13/46**

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

228897

49  
2  
5

46-6-550

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.....

*George J. Trammell*

Registered Apprentice No. *391*

working under my personal supervision.

Signed *Corley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho 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.