S. No. 2
M—9-4-41
r. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33357

Registration District No. 14 Primary Registration District No. 5551 Registrar's No. 82

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains RFD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell
(c) City or town West Plains, RFD
(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 .....

3. (a) PRINT FULL NAME Elizabeth Ware 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 J. N. Martin
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased 10-3-1884 (Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Ward
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant Edgar Martin
(b) Address West Plains Mo
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 10-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Nelson Home Ark.
18. (a) Signature of funeral director Robertson
(b) Address West Plains, Mo.
19. (a) 10-2-1946 (Date received local registrar) (b) Gladys Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 1 year 1946 hour 3 minute 00 P. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute Cardiac Dilatation
Due to
Due to Arteriosclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

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 .....
23. Signature Gladys Harrison (M. D. or other) Local Registrar
Address West Plains, Mo Date signed 10-2-46

125

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 046554
Date Filed 10-9-46

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 [illegible]

Licensed Embalmer No. 3437

P. O. Address [illegible]

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.