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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39302

Registration District No. 325

Primary Registration District No. 6098

Registrar's No. 60

1. PLACE OF DEATH

(a) County Schuyler
(b) City or town Lancaster (Rural)
(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 NO
(Specify whether years, months or days) 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler
(c) City or town Lancaster (Rural)
(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 LUCINDA ELLER MARTIN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Law Martin 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept 30 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 12 If less than one day X hr. X min.

9. Birthplace Clarksburg Cooper MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name A. B. Vaughn
13. Birthplace Cooper County
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Hess
15. Birthplace Remo.
(City, town, or county) (State or foreign country)

16. (a) Informant Algona Martin
(b) Address Lancaster MO

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

(c) Place: burial or cremation 108 E Lancaster

18. (a) Signature of funeral director P. J. Cantor

(b) Address Lancaster MO

19. (a) 11/16/1946 (b) Miss Ruth Drake
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1946 hour 3:15 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 1945 to Nov 10 1946
that I last saw her alive on Nov 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death mitral stenosis

Due to _____

Due to _____

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

Major findings: Of operations 90B
Of autopsy _____

Duration _____
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? 1

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature R. E. Vaughn (M. D. or other) D.O.

Address Lancaster MO. Date signed Nov 12 1946

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

RECEIVED
District Health Officer No. 10
District File Number 2246-2088
Date Filed NOV-22-1946

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.....

P. J. Fenton

Licensed Embalmer No. *3785*

P. O. Address *Wilmington*

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.