DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39599

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 299

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 16 S. 10th ST.
(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: Boone
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Columbia RFD # 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Martha E McMahon

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

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lewis McMahon
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: Dec. (Month) 23 (Day) 1880 (Year)

8. AGE: Years 65 | Months 11 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace: ..... (City, town, or county) Texas (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....

FATHER
12. Name: Edward Butcher
13. Birthplace: ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Alice Pore
15. Birthplace: ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Clora Woody
(b) Address: Ashland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-10-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: New Salem Cemt.
18. (a) Signature of funeral director: Wm. L. Burnett
(b) Address: Ashland Missouri
19. (a) 12-9-46 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 1946 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from on 12-7- 1946 to ..... 19..; that I last saw her alive on 12-7-46 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary block five minutes — Duration

Due to: An attack of Indigestion

Due to .....

Other conditions: Never saw her before
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

94A

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) No
(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? No (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: W. P. Dysart (M. D. or other) M.D.
Address: Columbia Mo. Date signed 12-9-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-15-46

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 Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland, Mo.

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

If this body is not embalmed, fact should be so stated above.