

S. No. 2
M-5-43
y. 5-17-39
I X36671

FILED DEC 28 1946
Registration District No. 128

Primary Registration District No. 5465

State File No. _____
Registrar's No. 966

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural - North Campbell
(c) Name of hospital or institution: RFD # 4 Box 290 B
(d) Length of stay: seven months
In this community seven months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald
(c) City or town Rural
(d) Street No. Anderson Mo. Rt. #3
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARY LOUISE MARTIN
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 1
year 1946 hour 9 minute 20 P.M.
21. I hereby certify that I attended the deceased from 11-15
1946, to 12-1, 1946
that I last saw her alive on 12-1, 1946
and that death occurred on the date and hour stated above.

4. Sex FM! 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Winfield Martin
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased April 7 1897

Immediate cause of death Coronary thrombosis
acute Duration 30 min.
Due to Arteriosclerotic heart disease 1 yr.

8. AGE: Years 69 Months 7 Days 28
If less than one day _____ hr. _____ min.

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

9. Birthplace Piedmont Mo.
10. Usual occupation Housewife

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Napoliann Kraposkie
13. Birthplace Poland
14. Maiden name Sylvia Bowdre
15. Birthplace Unknown

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Winfield Martin
(b) Address Anderson Mo. Rt. #3
17. (a) Burial (b) Date thereof 12-3-46
(c) Place: burial or cremation Gregg Cemetery

23. Signature: Bruce S. Sumner Jr. (M. D. or other) _____
Date signed 12-2-46

18. (a) Signature of funeral director W. W. Williams
(b) Address Goodman Mo.
19. (a) 12-4-46 (b) W. H. Hasdell Mo.

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

111

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 *x Mariellen Williams Pickett*

Licensed Embalmer No. *x 4166*

P. O. Address *x Goodman, 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.