

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 379

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8
(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
years, months or days

3. (a) PRINT FULL NAME Martha Barton
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 married
6. (b) Name of husband or wife deceased Barton 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 31 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace: Reynolds Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

12. Name John Sullivan

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

14. Maiden name Martha Beck

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

16. (a) Informant Alfred Barton

(b) Address Clearwater Mo

17. (a) Burial (b) Date thereof 11-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview

18. (a) Signature of funeral director Baldwell

(b) Address Flat River Mo

19. (a) 12-9-46 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town near Clearwater Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14 year 1946 hour 2 minute _____ A. M.

21. I hereby certify that I attended the deceased from 11-14 1946 to 11-14 1946
that I last saw her alive on 11-14 and that death occurred on the date and hour stated above.

Immediate cause of death doctil & nitral regurg
Duration _____

Due to _____

Due to _____

Other conditions ascites, chr cut nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 92B

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? _____

While at work? no (Specify type of place) (a) Means of injury _____

23. Signature W. D. Kelly (M. D. or other) _____

Address 106 1/2 Date signed 12-6-46

WHILE PRINTING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 1246-2972

12-16-46

REC 20 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 W.A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River, 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.