. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1745

FILED JAN 20 1947

Registration District No. 2

Primary Registration District No. 5725

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Hudson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Still-Hildreth Sanatorium O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution From Nov 26 1945 (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary K. Martland

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Thomas C Martland

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov (Month) 3 (Day) 1869 (Year)

8. AGE: Years 77 | Months 2 | Days | If less than one day ..... hr. ..... min.

9. Birthplace Fulton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Teacher of the Deaf

11. Industry or business

FATHER
12. Name Nathan L. Kouns
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Nannie Rootes
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Francis Rootes
(b) Address Fulton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 7 - 47 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Fulton Mo

19. (a) Jan 16-47 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3d
year 1947 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov 26, 1945, to Jan 3, 1947
that I last saw her alive on Jan 3, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral arteriosclerosis	18 Mo.
Due to	
Due to	
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 21

23. Signature H. Hoyle D.O. (M.D. or other)
Address Macon Mo Date signed Jan 3. 47

185

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1947

RECEIVED
District Health Officer No. 10
District File Number 1-47-142
Filed JAN 18 1947
Date

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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.