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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8153**

FILED APR 2 1947

Registration District No. **47**

Primary Registration District No. **5164**

Registrar's No. **115**

1. PLACE OF DEATH:

(a) County **Callaway**

(b) City or town **Rural W of Fulton**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: **In hospital or institution**  
**Five Years** (Specify whether years, months or days)

In this community **Five Years**  
years, months or days

3. (a) PRINT FULL NAME **Laura Frances Martin**

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color of race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive **28** years **1864** (Year)

7. Birth date of deceased **July 28 1864**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **7** Days **24** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Callaway County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Peter Galwith** (1)

13. Birthplace **Missouri** (State or foreign country)

14. Maiden name **Susan Smith** (State or foreign country)

15. Birthplace **D.K.** (State or foreign country)

16. (a) Informant **Mrs. Roy Hall**

(b) Address **Fulton, Mo. R. F. D. # 5**

17. (a) **Burial** (b) Date thereof **3-24-47**  
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation **White Cloud Cemetery**

18. (a) Signature of funeral director **Wallace Funeral Home**

(b) Address **776th St. Fulton, Missouri**

19. (a) **3-24-1947** (b) **J. J. Mansueti**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**

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

(d) Street No. **R. F. D. # 5**  
(If rural, give location)

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

If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **22nd** year **1947** hour **9** minute **15 P** M.

21. I hereby certify that I attended the deceased from **Oct 20** 1945 to **March 22nd** 1947; that I last saw her alive on **Mar 13th** 1947; and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio Sclerosis**

Due to **Arterio Sclerosis**

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature **R. W. Zues** (M. D. or other) \_\_\_\_\_  
Address **Fulton Mo** Date signed **3/24/47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

58

(Licensed Embalmer's Statement on Reverse Side)

27-1E-E

RECEIVED  
District Health Officer No. 9

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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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.