

FILED APR 17 1947

Registration District No. 470

Primary Registration District No. 3024

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days) About 2 years

3. (a) PRINT FULL NAME

Susan Ann Green Martin

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 Widowed

6. (b) Name of husband or wife J. B. Martin

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

7. Birth date of deceased December 25, 1857
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

89

2

3

hr. ----- min.

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

10. Usual occupation At Home

11. Industry or business -----

12. Name Ancel Green

13. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eivira Giles

15. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Green

(b) Address Armstrong, Missouri

17. (a) Burial (b) Date thereof 3/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Chapel Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 3-8-1947
(Date received local registrar)

(b) Dorothy Fern Sabin
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Armstrong
(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 February day 28th
year 1947 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from 10 Feb 1947 to Feb 28 1947
that I last saw him alive on Feb 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Senile dementia & malnutrition Duration 3 wks.

Due to Arteriosclerosis ?

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? -----

While at work? (Specify type of place) (c) Means of injury -----

23. Signature John J. Shaw (M. D. or other) M.D.
Address Fayette, Missouri Date signed 3-8-1947

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

Case No. _____

Date Filed 4-15-47

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, _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Ralph A. Carr
Licensed Embalmer No. 3340
P. O. Address Fayette 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.