

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 218

Primary Registration District No. 4330

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Mississippi
 (b) City or town East Prairie mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 59 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
 (c) City or town East Prairie 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 _____

3. (a) PRINT FULL NAME MARY EMMA 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 _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Aug 1st 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Grocery Store

12. Name Scott McGowan

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

14. Maiden name Rachel Zilafro

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

16. (a) Informant Mrs. Tom Flowers

(b) Address East Prairie mo

17. (a) Burial (b) Date thereof April 13 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director Edwin Shelby

(b) Address East Prairie mo

19. (a) 4-20-47 (b) Hertrude H. Harber
(Date received local registrar) (Registrar's signature) (1518)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th year 1947 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from about Dec 16 1947 to Apr 11 1947 that I last saw h. es. alive on Apr 7 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart bloc

Due to _____

Due to Chronic myocarditis
Cardiac Asthma

Other conditions Cardiac Asthma
(Includes 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Geo W Whitaker (M. D. or other) _____
 Address East Prairie mo Date signed 4/16/47

*Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 547-754

Date Filed 5-27-47

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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.