

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27381

FILED SEP 15 1947
Registration District No. 128

Primary Registration District No. 2000

State File No.

Registrar's No. 733

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution Burge Hospital 0
(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, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1159 E. Thoman
(If rural, give location) 6

(e) Citizen of foreign country?.....
(Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME MARY JANE MARTIN

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21
year 1947 hour..... minute 1:10a M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Allen Martin

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

7. Birth date of deceased: June 2 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 17 1947 to Aug 21 1947
that I last saw her alive on Aug 20 1947
and that death occurred on the date and hour stated above

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>7</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage
Due to Arterio-sclerosis 10 Days

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

10. Usual occupation Housewife

Other conditions Dr. Parenchymatous (?) nephritis

Major findings: Of operations.....

Of autopsy not performed

11. Industry or business In Home

12. Name Unknown 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Mrs. Alice England

(b) Address Rt. 1 Springfield

17. (a) Burial Queen Laura (b) Date thereof 8-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

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

23. Signature James A. Owen W.D.
Address 3012 E. Commercial, Springfield, Mo. Date signed 8/24/47

18. (a) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield, Mo.

19. (a) 8-21-47 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

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

Max Rhodes

Licensed Embalmer No.

4071

P.O. Address

Springfield

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.