

FILED OCT 7 1947

Registration District No. 73

Primary Registration District No. 3015

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
115 E 6th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether)
In this community 10 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clinton 25
(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")
(d) Street No. 115 E 6th St 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 years.

8. (a) PRINT FULL NAME Laura Jane Buckler Martin

8. (b) If veteran, name war V 3. (c) Social Security No. ---

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife J J Martin 6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased: Me (Month) 17 (Day) 1857 (Year)

8. AGE: Years 90 Months 6 Days 0 If less than one day --- hr. --- min.

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

10. Usual occupation at home

11. Industry or business ---

12. Name William McDaniel

13. Birthplace no record Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Harriet Swearingin

15. Birthplace W. Record Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wilma Waver

(b) Address Cameron

17. (a) Burial (b) Date thereof 9-19-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buttens Church

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron MO

19. (a) 9-18-47 (b) Winifred W. Moser (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1947 hour --- minute 3:30p M.

21. I hereby certify that I attended the deceased from May 7 25 1947, to Sept 17 1947, that I last saw her alive on Sept 17 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 hrs.

Due to Chronic Myocarditis
& Myocardial degeneration?
Due to Advanced Arteriosclerosis?

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? ---

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

23. Signature Bob Sloan (M. D. or other) DO

Address --- Date signed 7-18-47

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 *George P. Kammell*

Licensed Embalmer No. *4425*

P. O. Address *309 W. 3rd*

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, above space should be left blank.

Camden, Mo

Registration District No. 75

Primary Registration District No. 3015

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Laura J. Martin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 17

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

90

6

0

hr. _____ min.

9. Birthplace

(City, town, or county)

(State or foreign country)

Gentry Co. Mo.

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATE FROM

20. DATE OF DEATH: Month _____ year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

S-30728