S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39011

FILED DEC 8 1947

Registration District No. 235 Primary Registration District No. 5817 Registrar's No.

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1. PLACE OF DEATH:
(a) County: Morgan
(b) City or town: "Rural" Mill Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Three Miles S.W. Syracuse
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Four years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Morgan
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Three Miles S.W. Syracuse
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: Native

3. (a) PRINT FULL NAME: Maggie A. Martin
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Clint B. Martin
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: February, 11th, 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	9	16	hr. min.

9. Birthplace: Moniteau County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER 12. Name: Edward T. Pulley
13. Birthplace: -- Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Tevis
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Percy Lamb (SON)
(b) Address: Syracuse, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation: I.O.O.F. Cemetery, Tipton, Mo.
18. (a) Signature of funeral director: Jewell E. Richards
(b) Address: Tipton, Mo.
19. (a) 11-30-47 (Date received local registrar) (b) Myrta Hatenpiller (Registrar's signature) 213

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 27th year: 1947 hour: 5 minute: P. M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw her alive on Nov 25, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial insufficiency
Due to: Chronic nephritis
Due to: Senility
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work: (e) Means of injury:
23. Signature: J. F. Potts (M. D. or other)
Address: Tipton, Mo. Date signed: 11/28/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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~~ Me

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Jennee-E-Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.