

S. No. 2
M-5-43
7-5-17-39
1 X36671

FILED JAN 16 1948
Registration District No. **277**

Primary Registration District No. **4446**

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

89
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0

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Harsin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at her home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 months
years, months or days

3. (a) PRINT FULL NAME Maggie Martin
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female **5. Color or** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife. J. S. Martin
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased. March 5 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 2 If less than one day
hr. _____ min. _____

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

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Joseph Hurston
13. Birthplace. Ireland
(City, town, or county) (State or foreign country)
14. Maiden name. Susanna Ruppel
15. Birthplace. Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Vera Silkwood
(b) Address. Harsin, Missouri
17. (a) Burial **(b) Date thereof.** 1 9 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Liberty Cem.
18. (a) Signature of funeral director. John W. Wippschield
(b) Address. Harsin, Mo.

19. (a) Jan 9, 1948 **(b)** Malcolm Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Harsin
(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 CERTIFICATION
20. DATE OF DEATH: Month Jan day 7th
year 1948 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from July
1947, to Jan 6 1948
that I last saw her alive on Jan 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia (Terminal) 72 hrs.
Due to myocarditis Chr. Int. Nephritis ?
Due to _____ ?
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
BIA

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? 0

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature. Carl H. Reed, M.D.
Address Carrollton, Mo. signed 1-7-48

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-15-48

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 John W. Kripschild
Licensed Embalmer No. 2789
P. O. Address Hardin 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.