

FILED MAR 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7491**

Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **47**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Canty Invalid Home 4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 months**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette 54**
(c) City or town **Waverly**
(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 **Martha (Mattie) Wills**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **Oct 17 1856**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **26**
year **48** hour **3** minute **40** M.

21. I hereby certify that I attended the deceased from **Jan 14**, 19**48** to **Feb 26**, 19**48**
that I last saw her alive on **Feb 26**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **arterial sclerosis** 69

8. AGE: Years Months Days If less than one day
91 4 9 hr. min.

9. Birthplace **Car County Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **George Neithercutt**
13. Birthplace **Lee County Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Cornette**
15. Birthplace **Lawrence County Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **C. S. Wills**
(b) Address **Waverly Mo.**

17. (a) **Burial** (b) Date thereof **2-28-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Waverly Cem**

18. (a) Signature of funeral director **Murdock**
(b) Address **Capitola Mo.**

19. (a) **Feb 26 1948** (b) **Friday**
(Date received local registrar) (Registrar's signature)

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:
(c) 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 **W. H. Wills** (M, D or other) _____
Address **Waverly Mo.** Date signed **2/26/48**

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

7
1
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-5-48

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed R. M. Marshall Jr.

Licensed Embalmer No. 7469

P. O. Address Carrollton, Ga.

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.