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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 16 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13732
10012

State File No.

Registration District No. 299

Primary Registration District No. 4358

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Centerville, Mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds 90
(c) City or town Centerville, Mo
(d) Street No. 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME J. M. MARTIN

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

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 2 7 48
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 hr. min.

9. Birthplace Centerville, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business 9

12. Name

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

14. Maiden name Violet Martin, W

15. Birthplace Shirley Arkansas 1
(City, town or county) (State or foreign country)

16. (a) Informant Violet Martin
(b) Address Centerville, Mo

17. (a) (b) Date thereof 2-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville, Mo

18. (a) Signature of funeral director John Russell

(b) Address Centerville, Mo

19. (a) 3/11/48 (b) O. W. Stufabrad
(Date and local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12
year 48 hour 6 Am minute M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw h. alive on
and that death occurred on the date and hour stated above.
Immediate cause of death.

Due to pneumonia

Due to influenza

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
330

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? Means of injury 0

23. Signature J. R. Pyle, Coroner (M. D. or other)
Address Centerville Date signed 3/12-48

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No 5,

District File Number 448223

Date Filed 4-13-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Spacy*
Registrar's No. *30*

Registration District No. *299* Primary Registration District No. *4558*

1. PLACE OF DEATH:
(a) County *Reynolds*
(b) City or town *Centerville*
(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 _____ years, months or days

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 _____

3. (a) PRINT FULL NAME *J.M. Martin*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____ Year *1948* hour _____ minute _____ M. *2*
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *5*
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased *Jul 7* (Month) (Day) (Year)

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years _____ Months _____ Day _____ If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) _____ (State or foreign country) *Mo*

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 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)

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 _____

16. (a) Informant _____
(b) Address _____
17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *2/13/48* (Month) (Day) (Year)
(c) Place: burial or cremation *Centerville Mo*
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

SUPPLEMENTARY

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

S-13732