No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 2 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15628

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 163

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pemiscot 78
(c) City or town Rural- Portageville. 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Martha A. Faherty
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race white 1
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Gregg Faherty
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased December (Month) 3 (Day) 1889 (Year)

8. AGE: Years 58 | Months 5 | Days 6 | If less than one day - hr. min.

9. Birthplace Tipton, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Dr. John Wellington Marsh
13. Birthplace Lewisburg, Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Nannie Talbot
15. Birthplace Boonville, Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Gregg Faherty
(b) Address Portageville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Tipton, Mo
18. (a) Signature of funeral director De Lisle Funeral Parlor
(b) Address Portageville, Mo
19. (a) 5-25-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9 year 48 hour 2 minute P M.
21. I hereby certify that I attended the deceased from 6 3 1948 to 5-9 1948 that I last saw her alive on 5-9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Acute Coronary Thrombosis with infarction and extension
Due to
Other conditions (Include pregnancy within 3 months of death) Hyper-tension
Major findings: Of operations Coronary Sclerosis
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 0
23. Signature Albert M. Estes (M. D. or other)
Address Jackson Date signed 5-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

CEIVED

District Health Officer No. 4

District File Number 648

Date Filed 6-1-48

OCT 2 1958

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 Joseph A. DeLale

Licensed Embalmer No. 4481

P. O. Address Presque Isle Me

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.