

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **23360**

National Office of Vital Statistics

FILED JUL 21 1948

Registration District No. **25**Primary Registration District No. **2590 5592**Registrar's No. **50**

1. PLACE OF DEATH:

- (a) County **Jefferson**
 (b) City or town **Festus (Rural)**
 (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 **25 yrs.** (Specify whether years, months or days)

In this community, years, months or days

3. (a) PRINT FULL NAME

Martha Lee Almany

3. (b) If veteran,

3. (c) Social Security No.

name war

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **James Howard Almany** 6. (c) Age of husband or wife if alive years **30** 1862
 7. Birth date of deceased **June 30** (Month) (Day) (Year)

8. AGE: Years **87** Months **11** Days **28** If less than one day hr. min.

9. Birthplace **Free Stone Co. Texas** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Louis Shepherd**

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

14. Maiden name **Martha Robertson**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Anne Murphy**

- (b) Address **Festus R1**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-1-1948** (Month) (Day) (Year)

- (c) Place: burial or cremation **Valhalla Cem**

18. (a) Signature of funeral director **H. S. Virigard**

- (b) Address **Festus Mo**

19. (a) **July 1, 1948** (Date received local registrar) (b) **Clara Kellewell** (Registrar's signature) **142**

Jefferson City Printing Co.

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Jefferson**
 (c) City or town **Festus (Rural)** (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 **June** day **28** year **1948** hour **7** minute **P** M.

21. I hereby certify that I attended the deceased from **June 26**, 19**48** to **June 28**, 19**48**, that I last saw him alive on **6/28**, 19**48**, and that death occurred on the date and hour stated above.

- Immediate cause of death **Cerebral Hemorrhage** 2 day

- Due to **Atherosclerosis** with **myocarditis chronic**

- Due to

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsies

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 **Harry Goshert** (M. D. or other) **M.D.**

- Address **Festus Mo** Date signed **June 24/48**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
JUL 20 1948
Date Filed

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
Donald H. Vinyard Registered Apprentice No. 71
working under my personal supervision.

Signed

Donald H. Vinyard

Licensed Embalmer No. 3010

P. O. Address Leota, 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.