FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23497

Registration District No. 179 Primary Registration District No. 4289 Registrar's No.

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Hawkpoint Mo
(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) 13 yr. 11 mo 23 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln 57
(c) City or town Hawkpoint Mo
(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 FRANCES AGNES MARTINEK
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 16 (Day) 1935 (Year)

8. AGE: Years 13 Months 11 Days 23 If less than one day hr. min.
9. Birthplace Hawkpoint (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at Home
11. Industry or business
FATHER
12. Name Francis Martinek Jr.
13. Birthplace Hawkpoint Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Veronica Shramek
15. Birthplace Hawkpoint Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Francis Martinek
(b) Address Hawkpoint Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem
18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Mo
19. (a) July 19th 1948 (Date received local registrar) (b) Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1948 hour 9 minute 15 A M.
21. I hereby certify that I attended the deceased from July 13, 19 to July 13, 1948 that I last saw her alive on July 13, 1948 and that death occurred on the date a[redacted]ed above.

Immediate cause of death Chronic Glomerular Nephritis 2 yr.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 J. C. Creed (M. D. or other)
Address Troy Mo Date signed 7/17/48

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

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 26 1948

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.