DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1948

Registration District No. 239

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23678

Primary Registration District No. 5825

Registrar's No. 26

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Parma R I
(If outside city or town limits, write "RURAL" and name of township)

(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 None (Specify whether
In this community 67 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 22

(c) City or town Parma
(If outside city or town limits, write "RURAL")

(d) Street No. in town
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME MINNIE MARTIN

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex F 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Husband dead

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

7. Birth date of deceased Jan. (Month) 29 (Day) 1868 (Year)

8. AGE: Years 80 Months 5 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace State of Ohio (City, town, or county) 1 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business ✓

FATHER
12. Name Courtier
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Nellie Martin
(b) Address Parma M.O.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Parma Cemetery

18. (a) Signature of funeral director Watkins Fun Service
(b) Address Parma M.O.

19. (a) 7-23-48 (Date received local registrar) (b) Dr Geo W Hunted (Registrar's signature) 217

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1948 hour unk minute unk M.

21. I hereby certify that I attended the deceased from ✓
✓, 19__, to ✓, 19__;
that I last saw h ✓ alive on ✓, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death By all record death was due to

Due to Myocarditis.

Due to No medical attendant

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 6

Of autopsy No.

Duration

PHYSICIAN

Underline the cause to 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 3

23. Signature Leo Hedgpeth Coroner (~~M. D. or other~~)

Address New Madrid Mo. Date signed 7/12-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 848-2
Date Filed 8-2-8

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.