

FILED JUL 23 1948

Registration District No. 360

Primary Registration District No. 3076

State File No.

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
227 1/2 Cherry - west
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 227 1/2 Cherry - west 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Martha Ella Rinehart

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife M. A. Rinehart 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased February 4, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>4</u>	<u>9</u>	hr. min.

9. Birthplace Fort Scott, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER, FATHER { 12. Name William Calvin Poyner
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Davis Field
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Family Records
(b) Address Fort Scott, Kansas

17. (a) Burial (b) Date thereof 7-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rinehart Cem. Richards, Mo

18. (a) Signature of funeral director Konantz Mortuary

(b) Address Fort Scott, Kansas

19. (a) 7-16-48 (b) W. Kathryn Nancy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 13, 1948 to July 13, 1948
that I last saw her alive on July 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration One day.

Due to Don't know

Due to

Other conditions Old age.
(Include pregnancy within 3 months of death)

Major findings: Of operations none g2a

Of autopsy none

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) (a) Means of injury ✓

23. Signature W. Love M. D. or other ✓
Address Nevada, Mo Date signed July 15/48

FEB 28 1950

SEP 7 1948

RECEIVED
District Health Officer
District File Number _____
Date Filed 7-22

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 [Signature]
Licensed Embalmer No. 2080
P.O. Address J. Scott Ke...

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

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