

FILED SEP 1 1948

Registration District No. 3251

Primary Registration District No. 6097

Registrar's No. 29

1. PLACE OF DEATH:

(a) County: Schuyler
(b) City or town: Dawning, Rural
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18 months
In this community: 18 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Schuyler
(c) City or town: Dawning Rural
(d) Street No.
(e) Citizen of foreign country? No.
If yes, name country:

3. (a) PRINT FULL NAME: LULA MARTIN

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: Elga Martin 6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December 12 1892
(Month) (Day) (Year)

8. AGE: Years: 75 Months: 8 Days: 5
If less than one day hr. min.

9. Birthplace: Dawn Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeping

11. Industry or business

12. Name: Michael Pindell
13. Birthplace: Ohio
14. Maiden name: Jennie Brady
15. Birthplace: Ohio

16. (a) Informant: Alice Fogle
(b) Address: Dawning Mo

17. (a) Burial (b) Date thereof: Aug. 18 1948
(c) Place: burial or cremation: Kahoka Cemetery

18. (a) Signature of funeral director: [Signature]
(b) Address: Kahoka, Missouri

19. (a) Aug 25/48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1948 hour 12 minute 16 P. M.
21. I hereby certify that I attended the deceased from May 10th
to Aug 16th 1948
that I last saw her alive on Aug 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Dysentitis
Due to: Senility
Due to:

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations:
Of autopsy: [Signature]
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?

23. Signature: [Signature] (Specify type of place) (e) Means of injury: [Signature]
Address: [Signature] Date signed: 8/24/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-48-157

Date Filed AUG 31 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 Chas. L. Luttinger

Licensed Embalmer No. 2965

P. O. Address Curry Ave.

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

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