

Registration District No. 138

Primary Registration District No. 4220

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Wheatland
(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 47 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory
(c) City or town Wheatland
(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 Theodosia Letitia Martin

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 7 - 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Sullivan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew L Thompson
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Usely Newton
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Rachel Chaney

(b) Address Wheatland, Mo

17. (a) Burial (b) Date thereof 12-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dodley Bend Cemetery

18. (a) Signature of funeral director Silbert Hathaway

(b) Address Wheatland, Mo

19. (a) Dec 12 - 1948 (b) W D Hargiss
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th
year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12 1948 to Dec 9th 1948
that I last saw her alive on Dec 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Coronary sclerosis

Due to Hypertension

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

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury 2

23. Signature Dr. E. Buys (M. D. or other) Dr.
Address Wheatland, Mo Date signed 12-9-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JAN 26 1948

RECEIVED

District Health Officer No. 7,

District File Number 11-48-1458

Date Filed 12-20-47

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 *Charles Gilbert Tullaway*

Licensed Embalmer No. 4267

P. O. Address *Tullaway 9nd*

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.