No. 2
—1/47
S-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 16 1948

Registration District No. 94

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41146

Primary Registration District No. 3056

Registrar's No. 308

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly, Rural
(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 Gladys 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 Married
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 21st (Day) 1894 (Year)

8. AGE: Years 54 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Mo U (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name No data
13. Birthplace " " (City, town, or county) (State or foreign country)
14. Maiden name " "
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Frank Martin
(b) Address RFD Moberly, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly
19. (a) Dec 7-48 (Date received local registrar) (b) Leah Williams Young (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 4th day
year 1948 hour 9 minute 05 P.M.
21. I hereby certify that I attended the deceased from Dec 4 48, 19..., to Dec 4 48, 19..., that I last saw her alive on Dec 4 48, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 6 hrs
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 H. C. Griffith (M. D. or other)
Address Moberly, Mo Date signed 12/6/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 10
District File Number 12-48-262
Date Filed DEC 13 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 Frank DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.