

FILED OCT 6 1949

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>171</u>			
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo!</u> b. COUNTY <u>Andrew</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. LENGTH OF STAY (In this place) <u>1-8 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-1949</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Andrew County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt 3</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u> b. (Middle) <u>B.</u> c. (Last) <u>Martin</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>			9. AGE (In years last birthday) <u>76</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>Apr. 2 1873</u>		10. IF UNDER 1 YEAR: Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Sore, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Adolph Kimmich</u>			13b. MOTHER'S MAIDEN NAME <u>Ledholz</u>			14. NAME OF HUSBAND OR WIFE <u>Thomas Martin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell Martin, Mexico, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma rectum ?</u>				INTERVAL BETWEEN ONSET AND DEATH <u>44.2X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>July 6</u> 19 <u>49</u> to <u>September 22</u> 19 <u>49</u> , that I last saw the deceased alive on <u>Sept. 22</u> 19 <u>49</u> and that death occurred at <u>SIA</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Frank Jolley, MD</u>				23b. ADDRESS <u>117 E. Monroe, Mexico, Mo.</u>		23c. DATE SIGNED <u>9/28/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Warrenton Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 27-1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Kelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. W. Neuhage Co., Warrenton, Mo.</u>					

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

RECEIVED OCT 5 1949
District Health Officer No. 10
District File Number 10-49-174
Date Filed OCT 5 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John E. Verluziger
Licensed Embalmer No. HR09

P. O. Address Warrenton, 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.