

No. 2
-13-40
17-39
FILED

DEC 14 1940

Registration District No. 347

Primary Registration District No. 3018

State File No. _____

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Community Clinic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Yrich Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Mi S & W of Yrich
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Rilla Martin

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John M. Martin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 18 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Bates Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Benjamin Compton

13. Birthplace UNKNOWN TENN
(City, town, or county) (State or foreign country)

14. Maiden name Nancy T. Raines

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant John M. Martin
(b) Address Yrich, Mo

17. (a) Burial (b) Date thereof 12/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Fred C. Williams
(b) Address Clinton, Mo

19. (a) 12/10-40 (b) W. J. Rutherford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-30 day 30 year 1940 hour One minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-29-40 to 11-30-40, 19____; that I last saw her alive on 11-30-40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Duobles
Due to Dialytic Coma 18 hrs.

Due to _____ 59
Other conditions myocarditis
(Include pregnancy within 6 months of death)

Major findings: Of operations _____
Of autopsy not done

Duration
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? 212
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph B. Smith (M. D. or other) _____
Address Clinton, Mo Date signed 12-30-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1781

Date Filed 12-12-40

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.....

Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.