

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 10 1944**  
Registration District No. 157

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 5503

State File No. \_\_\_\_\_  
Registrar's No. 181

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

002

**1. PLACE OF DEATH:**  
 (a) County Henry  
 (b) City or town Bethlehem Rural  
(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 1  
(Specify whether)  
 In this community 1 year  
years, months or days

**3. (a) PRINT FULL NAME** Elizabeth Esther Martin  
**3. (b) If veteran,** name war ✓  
**3. (c) Social Security** No. ✓

**4. Sex** Fe **5. Color or race** W  
**6. (a) Single, widowed, married,** Widow  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** 26  
alive \_\_\_\_\_ years

**7. Birth date of deceased** 2-26-1855  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>8</u>	<u>12</u>	<u>1</u> hr. _____ min.

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

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**12. Name** George French  
**13. Birthplace** Ky  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Ruth Martin  
**15. Birthplace** Ky  
(City, town, or county) (State or foreign country)

**16. (a) Informant** E. E. Lusk  
**(b) Address** Clinton Mo

**17. (a) Burial** Bethlehem **(b) Date thereof** 10-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Bethlehem

**18. (a) Signature of funeral director** Fred Wilkerson  
**(b) Address** Clinton Mo

**19. (a) Oct 19 1944** **(b) Georgia Kitchener**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Henry  
 (c) City or town Bethlehem Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural 7th St  
(If rural, give location)  
 (e) Citizen of foreign country? Bethlehem  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 10 day 18  
 year 1944 hour 1 minute 10 P. M.

**21. I hereby certify that I attended the deceased from** 6-1  
 \_\_\_\_\_, 1944, to 10-18, 1944;  
 that I last saw him alive on 10-18, 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to 94a

Other conditions 94a  
(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?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury 3

**23. Signature** W. D. [Signature] (M. D. or other) W. D.  
 Address Clinton Mo Date signed 10-18-44

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

1064

Licensed Embalmer's Statement on Reverse Side

RECEIVED

District Health Officer No. 7,

District File Number 10-44-1278

Date Filed 11-8-44

**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. Centon ma

**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.**