

S. No. 2
-12-45
5-17-39
P 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36782

State File No. _____

FILED DEC 1 1946

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 213

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 Clinton Genl Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Clinton Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. 310 South 3rd st 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LULA K MARTON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17
year 1946 hour 9 minute 30 AM

21. I hereby certify that I attended the deceased from 8/12 1946 to 11-17 1946
that I last saw her alive on 11-17 1946
and that death occurred on the date and hour stated above.

4. Sex FEM 5. Color or race white

6. (a) Single, widowed, married; divorced wid

6. (b) Name of husband or wife Lucy Martin

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 22 1878
(Month) (Day) (Year)

Immediate cause of death Uterine

Due to Carcinoma Gall bladder

Due to _____

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

Major findings: Of operations _____

Of autopsy 46F

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

8. AGE: Years 68 Months 7 Days 25
If less than one day hr. _____ min. _____

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

10. Usual occupation Home work

11. Industry or business _____

MOTHER FATHER { 12. Name John Kratzer

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

14. Maiden name Margaret Young

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

16. (a) Informant May Barnhouse

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalus Beck

(b) Address Clinton Mo

19. (a) 11-19-46 (b) R. R. Rensley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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? _____ (c) Means of injury _____

23. Signature E. C. Pielor (M. D. or other) MD

Address Clinton Mo Date signed 11/18/46

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

3569

PELOR 120

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1947

11-25-46
10-46-3008
ST. LOUIS, MISSOURI

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 J. E. Conrader
Licensed Embalmer No. 1891

P. O. Address Clinton

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.