

REC'D APR 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11569
Do not use this space.

1. PLACE OF DEATH
 (a) County new modied 2 Registration District No. 604 4358
 (b) Township 1 Primary Registration District No. 5-8-0-2 Registered No. _____
 (c) City new modied (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Viola Martin-FLOURNOY 465
 (a) Residence, No. new modied, mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ivettis Floursnoy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19-1917
 7. AGE YEARS 20 MONTHS 10 DAYS 7 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Restine mo
 13. NAME Clarence Martin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wak
 15. MAIDEN NAME Rita Dunn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Restine mo
 17. INFORMANT (ADDRESS) Rita Dunn new modied. mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE new modied. mo. DATE March 2, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Parkside Burial Co. new modied. mo
 20. FILED 3/3 1938 Tom O'Bannon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 2/24, 1938, to 2/26, 1938.
 Last saw him alive on 2/25, 1938. Death is said to have occurred on the date stated above, at 3:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Diabetic Coma
 Date of onset 2/1/38
 Other contributory causes of importance: 59-
 Name of operation _____ Date of _____
 What test confirmed diagnosis unnecessary Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) William M. Johnson, M. D.
 533 (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, L. A. Richards Jr, Licensed Embalmer No. 3166

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. A. Richards Jr

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed L. A. Richards Jr

Licensed Embalmer No. 3166

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.)