

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

8344
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 837
(b) Township Gastor Primary Registration District No. 4508
(c) City Bloomfield, Mo. (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 536 MARTHY J. UNDERHILL

(a) Residence, No. Bloomfield St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF _____
(OR) WIFE OF J. W. Underhill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 4

OCCUPATION 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) Missouri.

FATHER 13. NAME Isaac Hobbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Mariah Binnison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia.

17. INFORMANT (ADDRESS) Mollie Temple
Bloomfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield, Cem. DATE Jan. 31, 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chiles Und. Co.
Bloomfield, Missouri.

20. FILED Jan 31, 1940 Loonie Curch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1940, to 1-29, 1940

I last saw him alive on 1-29, 1940 Death is said to have occurred on the date stated above, at 8:30a.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis +
myocardial degeneration

Date of onset ?

Other contributory causes of importance:

Bronchopneumonia 1-27-40

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? Yes

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) W. A. Harris, M. D.
845 (Address) Bloomfield, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X18625

1940 MAR 1 - 1940

RECEIVED

District Health Officer No. 2

District File Number 240-66

Date Filed 2/27/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.