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FILED MAY 10 1941

15236

Registration District No. 575

Primary Registration District No. 43295711R

State File No.
Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Willow Fork (Twp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community 60 Years
years, months or days)

3. (a) PRINT

FULL NAME Martha Petty
3. (b) If veteran, name was None
3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Anthony Petty

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

7. Birth date of deceased July 23 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 20
If less than one day
hr. min.

9. Birthplace Sweet Springs Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John Bright

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

14. Maiden name Martha Grisam
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lee Petty
(b) Address Tipton Mo.

17. (a) Burial (b) Date thereof 4-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Tipton, Mo.
18. (a) Signature of funeral director Jessie E. Richards
(b) Address Tipton Mo.
19. (a) 4-13-41 (b) Wm. E. Eady
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Willow Fork (Twp.)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from death
when first seen to seen, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
Chronic heart disease

Due to _____
Due to _____

Other conditions 450
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? 507 Means of injury 3

23. Signature Kanyon Latham (M. D. or other) Coroner
Address California, Mo. Date signed 4/12/41

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

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 *me*

....., Registered Apprentice No.

working under my personal supervision.

Signed *James E. Richards*

Licensed Embalmer No. *2466*

P. O. Address *Lipton 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.