

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38971

FILLED DEC 3 1941
625

Registration District No. _____

Primary Registration District No. 4374

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Guilford
(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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Guilford
(d) Street No. _____
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Martha Ellen Wray

3. (b) If veteran, name war _____ 3. (c) Social Security No. 74-1192

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased August 31 1875

8. AGE: Years 68 Months 2 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace Buchanan County Missouri

10. Usual occupation Housewife

11. Industry or business Home housekeeping
12. Name David Hardin
13. Birthplace Missouri
14. Maiden name Sally Hall
15. Birthplace Missouri

16. (a) Informant Mrs J H McClanahan
(b) Address Guilford, Mo.

17. (a) Burial (b) Date thereof Nov 18 1941
(c) Place: burial or cremation Myrtle Tree Cemetery

18. (a) Signature of funeral director C.C. Reynolds
(b) Address Guilford, Mo.
19. (a) 11.18.1041 (b) M. D. M. McClanahan

(Date received local registrar) (Registrar's signature)
Assistant (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th
year 1941 hour 6.45 minute P M.
21. I hereby certify that I attended the deceased from November 7th 1941 to November 16 1941;
that I last saw h. or alive on November 16th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage due to
Chronic Valvular disease of
heart
due to Arthritis

Duration
10dgs
5yrs.
15yrs

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

Major findings: Of operations _____
Of autopsy None
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? _____
(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 _____
23. Signature W. D. Barnett (M. D. of Mo.)
Address Guilford, Mo.

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11/18/41

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, fact should be so stated above.