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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 11 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 217

16
1
4

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

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. FRANCIS O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State MISSOURI (b) County SCOTT 0

(c) City or town BERTRAND - RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/2 MI N.W. BERTRAND
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NONE /

3. (a) PRINT FULL NAME ELLEN ELIZABETH MARTIN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE /

6. (a) Single, widowed, married, divorced MARRIED /

6. (b) Name of husband or wife CLAYTON L. MARTIN

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased JANUARY (Month) 19 (Day) 1921 (Year)

8. AGE: Years 22 Months 5 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace PATTERSON (City, town, or county) ARKANSAS / (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSEWIFE

FATHER
12. Name JOHN SHEPARD
13. Birthplace CLAY COUNTY, (City, town, or county) ARKANSAS / (State or foreign country)

MOTHER
14. Maiden name ANNIE RACHEL DAVIS
15. Birthplace PARAGOULD (City, town, or county) ARKANSAS / (State or foreign country)

16. (a) Informant MRS ANNIE HORN

(b) Address BERTRAND MO GEN DEL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON

18. (a) Signature of funeral director John F. Nunnelly Jr. Mo

(b) Address Charleston Mo

19. (a) 7-8-43 (Date received local registrar) (b) H. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 6TH year 1943 hour 4 minute 20A M.

21. I hereby certify that I attended the deceased from July 3rd 1943, to July 6th 1943 that I last saw her alive on July 6 1943, 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Shock and anuria — Duration 3 days

Due to Caesarian section (9th month) and Nephritis

Due to No prenatal care

Other conditions (Include pregnancy within 3 months of death) 149 b

Major findings:
Of operations Atonic uterus

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Wescoat (M. D. or other)

Address Cape Girardeau Date signed 7-7-1943

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 843-255

Date Filed 8-10-43

Not Embalmed

John F. Nunnelee Jr

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.