

AUG 6 1942 82-
Registration District No.

Primary Registration District No. 3017

Registrar's No. 84

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution:
101 FIRST STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community **LIFE**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**

(c) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL")

(d) Street No. **101 FIRST STREET**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **EDNA MARTIN**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **3 NEGRO**

6. (a) Single, widowed, married, divorced **0 SINGLE**

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

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

7. Birth date of deceased **JUNE 5 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

44 0 29 hr. min.

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business **HOME**

MOTHER FATHER { 12. Name **JAMES MARTIN**

13. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY SHANEY**

15. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **HORACE HARRIS**

(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **JULY 5, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO**

19. (a) **July 5-43** (Date received local registrar)

(b) **Archas Swap** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **2**
year **1943** hour **4:45** minute..... PM.

21. I hereby certify that I attended the deceased from **June 3 1945** to **July 2 1945**
that I last saw **her** alive on **June 3 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **6 mo**

Due to.....

Due to.....

Other conditions **1361**
(include pregnancy within 3 months of death)

Major findings: Of operations **none**

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?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)

(c) Means of injury **5**

23. Signature **T. C. Beckett M.D.** (M.D. or other)

Address **Boonville mo** Date signed **7-5-43**

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

RECEIVED

District Health Officer No. 2

District File Number

Date Filed 8-5-43

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 James W. Segner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.