

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

1. PLACE OF DEATH: TEXAS
 (a) County.....
 (b) City or town HARTSHORN
 (If outside city or town limits, write "RURAL" and name of township)
 (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 LIFETIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Texas
 (c) City or town Hartshorn, Mo 157
 (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME MARY MARLIN FARRAW
 3. (b) If veteran, name war no
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April, day 14
 year 1944 ho 11 minute 11 M.
 21. I hereby certify that I attended the deceased from april 12
 1944 to april 14 1944
 that I last saw h ER alive on april 14 1944
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHY
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased SEPT 18 1865
 (Month) (Day) (Year)

Immediate cause of death Cerebral Pneumonia
 Due to Senility - Nervous Condition of several yrs standing
 Other conditions.....
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
78 6 16 hr. min.

9. Birthplace SUMMERSVILLE MISSOURI
 (City, town, or county) (State or foreign country)
 10. Usual occupation HOUSE WIFE

11. Industry or business.....
 MOTHER FATHER { 12. Name LOUIS MARTIN
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name SARAH RENTRO
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations..... 107
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Leatha Riley daughter
 (b) Address Hartshorn 710
 17. (a) Burial (b) Date thereof April 16 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Burial

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)
 (e) Means of injury.....

18. (a) Signature of funeral director Lynn Evans
 (b) Address Houston, Mo.
 19. (a) 4/30/44 (b) Mrs Paul Riley
 (Date received local registrar) (Registrar's signature)

23. Signature Dr Levere Knappe M. D. or other D.O.
 Address Summersville Date signed april 25

1947

RECEIVED

District Health Officer No 5,

District Number 544299

Date Filed 5-15-44

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.

MAY 19 1944