

Registration District No. **47**

Primary Registration District No. **5146**

Registrar's No. **34**

1. PLACE OF DEATH:
 (a) County **Caldwell**
 (b) City or town **Braymer (Slavistown) Rural**
 (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 **1**
 (Specify whether
 In this community **51 yrs**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Caldwell 13**
 (c) City or town **Braymer (rural)** **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Davis Turners Rd** **0**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Martha Blanch Michael**
3. (b) If veteran, **L** **3. (c) Social Security**
 name war **L** No. **L**

4. Sex **FC** **5. Color or race** **wh** **6. (a) Single, widowed, married,**
divorced **Married**
6. (b) Name of husband or wife **John E. Michael** **6. (c) Age of husband or wife if**
alive **79** **years**
7. Birth date of deceased **Sept. 9th 1893**
 (Month) (Day) (Year)

8. AGE: Years **50** Months **10** Days **3** If less than one day
 hr. min.

9. Birthplace **Ray County Mo** **0**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **S. H. Toomey**
13. Birthplace **Ray Co. Mo** **0**
 (City, town, or county) (State or foreign country)
14. Maiden name **Mary E. Toomey**
15. Birthplace **England** **0**
 (City, town, or county) (State or foreign country)

16. (a) Informant **John Michael**
(b) Address **Braymer, Mo**

17. (a) Burial **(b) Date thereof** **7/6/44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Evergreen Cem.**

18. (a) Signature of funeral director **Bernard F. Mead**

(b) Address **Braymer, Missouri**

19. (a) Date received local registrar **7/14/44** **(b) E. A. Thompson**
 (Registrator's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **12th**
 year **1944** hour **6th** minute **45 P.M.**

21. I hereby certify that I attended the deceased from
March 9th 1943 to July 12th 1944
 that I last saw her alive on **July 12th 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Thyroidoma** **Duration** **18 mo.**

Due to **552**

Other conditions **None**
 (Include pregnancy within 3 months of death)

Major findings: **Cardinal B. Noles** **PHYSICIAN**
Of operations **None**
Of autopsy **None**
 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) **No**

(b) Date of occurrence **None**

(c) Where did injury occur? **None**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? **No** (Specify type of place) **(e) Means of injury** **None**

23. Signature **Cardinal B. Noles** **(M.D. or D.O.)**

Address **Braymer Mo** **Date signed** **7/15/44**

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

3
0
0

read. A. J. Lawrence

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Read J. Mead

Licensed Embalmer No.

P. O. Address.....

*2801
Praymer, 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.