

FILED APR 30 1945

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 61

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether
 In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Audrain
 (c) City or town Mexico
(If outside city or town limits, write "RURAL")
 (d) Street No. 733 W. Jackson
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth M. Martin

3. (b) If veteran, name war World War #II
 3. (c) Social Security No. 489-20-1009

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: June 16 1924
(Month) (Day) (Year)

8. AGE: Years 20 Months 10 Days 5
 If less than one day hr. _____ min. _____

9. Birthplace Mexico Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Factory Worker

11. Industry or business International Shoe Co

12. Name Pearson Martin

13. Birthplace Audrain Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Audra Beamer

15. Birthplace Audrain Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Talley

(b) Address Mexico, Mo

17. (a) Burial (b) Date thereof 4, 23, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chris Arnold

(b) Address Mexico, Mo

19. (a) 4-23-45 (b) Margaret H. Macke
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
 year 1945 hour 6 minute 30 P-M.

21. I hereby certify that I attended the deceased from April 17
1945 to April 21, 1945
 that I last saw her alive on April 21, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Hemorrhagic
Concretions -
 Due to Diabetic coma
Sept. 1944

Duration

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

Major findings: _____
 Of operations _____

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)
 (e) Means of injury _____

23. Signature R. W. Van Hynegarden M.D. or other _____
 Address Mexico Mo Date signed 4-23-45

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

-174
27-45

1074

AUG 20 1945

1-2-1945

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.

MAY

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