. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42740

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 153

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 1004 E. Austin (AUSTIN) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 51 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Nevada (If outside city or town limits, write "RURAL") 1

(d) Street No. 1004 E. Austin (If rural, give location) 2

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

If yes, name country .....

3. (a) PRINT FULL NAME Mary Jane Martin

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fm 1

5. Color or race N

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ W

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased March 2 (Month) 1867 (Day) (Year)

8. AGE: Years 78 Months 9 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace ✓ (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name James Lane
13. Birthplace ✓ (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Porter
15. Birthplace ✓ (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Charles E. Ryan

(b) Address 1004 E. Austin St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 '45 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Terry Funeral Home

(b) Address Newton Mo.

19. (a) 1-3-46 (Date received local registrar) (b) Kathryn Young (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1945 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from Dec 12, 1945, to Dec 19, 1945 that I last saw her alive on Dec 17, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary heart disease	
Due to General arteriosclerosis	
Due to	
Other conditions Diabetes (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 64°	

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 0

23. Signature F. L. Martin (M. D. or other) MD

Address Nevada Date signed 1-3-46

1499

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Li... C Tour No. 7
12-45-1291
Date Filed 1-9-46

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 Me ....., Registered Apprentice No. ....., working under my personal supervision.

Signed L B Ferris

Licensed Embalmer No. 1760

P. O. Address Nevada 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.