

FILED MAR 13 1946
Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **225**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 164 North Sebec
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 164 North Sebec
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Martha Piper

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

Female

5. Color

Nepa

6. (a) Single, widowed, married,

divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Feb. 2

(Month) (Day)

1868
(Year)

8. AGE:

Years

Months

Days

If less than one day

78

hr. _____ min.

9. Birthplace

Saline County Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation

Business

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. (a) Informant Mrs. Gertrude Spaw

(b) Address 164 N. Sebec

17. (a) Sebec (b) Date thereof Feb. 5-46
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director Green and Sons

(b) Address Marshall, Mo.

19. (a) 2-2-46 (b) Mrs. T. O. Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd
46 year 4 hour 45 minute A. M.

21. I hereby certify that I attended the deceased from Feb 20 to Feb 26 1946
that I last saw her alive on Jan 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Regurgitation
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy 92%

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 0

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 2/4/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

3-12-46

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 _____

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

George H. Green

Licensed Embalmer No. 4220,

P. O. Address *Marshall, 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.