

STATE BOARD OF HEALTH OF MISSOURI
 BUREAU OF THE CENSUS
FILED APR 6 1948 STANDARD CERTIFICATE OF DEATH

State File No. **8963**

Registration District No. **101** Primary Registration District No. **5408** Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Douglas**
 (b) City or town **Cold Springs - (Rural)**
 (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 **Douglas**
 (c) City or town **Cold Springs**
 (d) Street No. **Chase**
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Martha Elizabeth Nears**
3. (b) If veteran, name war **3. (c) Social Security** No.
4. Sex **Female** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **John Henry Nears** **6. (c) Age of husband or wife if** **65** years
7. Birth date of deceased **Nov. 27, 1883**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **10th** year **1946** hour **4:15** minute **P.M.**
21. I hereby certify that I attended the deceased from **March 10 - 1946** to **March 10, 1946**
 that I last saw him alive on **March 10, 1946** and that death occurred on the date and hour stated above.

8. AGE: Years **62** Months **3** Days **13** If less than one day _____ hr. _____ min.

Immediate cause of death **Myocardial Infarction**
 Due to **Essential Sclerosis**
 Due to **flu**
 Other conditions **flu**
 (Include pregnancy within 3 months of death)

9. Birthplace **Douglas County, Mo.**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

Major findings:
 Of operations _____
 Of autopsy **338**

11. Industry or business _____
12. Name **J. W. Sisco**
13. Birthplace _____
14. Maiden name **MARG ANN SISCO**
15. Birthplace _____

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? _____

16. (a) Informant **J. H. Nears**
 (b) Address **Cold Springs, Mo.**
17. (a) Burial (b) Date thereof **3/15/46**
 (c) Place: burial or cremation **Clover Creek Cemetery**
18. (a) Signature of funeral director **Angelle Barber**
 (b) Address **1100 Grove St.**
19. (a) 4-10-46 (b) **Vestal Bushman**
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **John Van Winkle** (M. D. or _____)
 Address **W. Woodward St.** Date signed **3/13/46**

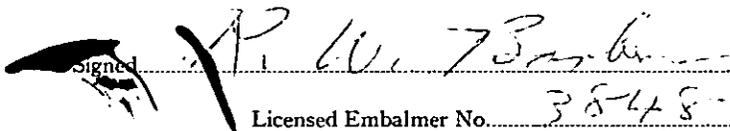
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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. 38-48
P. O. Address 2001 17th St

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.:

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. April
Registrar's No. 27Registration District No. 101Primary Registration District No. 5408

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town 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. (Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAMEMartha E. Meas3. (b) If veteran,
name war.3. (c) Social Security
No.4. Sex F5. Color or
race W6. (a) Single, widowed, married,
divorced. M

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if

7. Birth date of deceased Nov. 27
(Month) (Day) (Year)8. AGE: Years 62 Months 3 Days 3 (if less than one day)
hr. min.9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 4-10-46 (b) Uteel Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 10
year 1948 hour minute M.21. I hereby certify that I attended the deceased from
to 19that I last saw him alive on 19
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

8963