

No. 2
12-45
5-17-39
1-1-4070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4402

State File No.

FILED MAR 4 1947

Registration District No. 808

Primary Registration District No. 537

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Anna L. Martin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Albert Martin

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

7. Birth date of deceased May, 5th, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>9</u>	<u>23</u>	hr. min.

9. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name J. R. Deffenbaugh

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

14. Maiden name Elizabeth Christine

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

16. (a) Informant Mrs. Theron Martin (Daughter)

(b) Address Clarksburg, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3/3/47
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Jessie E. Richards

(b) Address Piston, Mo.

19. (a) 3-3-47 (Date received local registry)

(b) A. J. Meredith, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. Seven Miles North, Clarksburg
(If rural, give location)

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

If yes, name country Native

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 20 to 27 1947
that I last saw h. or alive on 2-27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Valvular Disease of Heart

Duration 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 430

Of operations

Of autopsy

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?

(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

Signature A. J. Meredith (M. D. or Public Health Officer)

Address Franklin, Mo. Date 3/3/47

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

MOTHER FATHER

72

3/3/47

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 Jessie E. Richards
Licensed Embalmer No. 7466
P. O. Address Lepton, 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.

Registration District No. 83 Primary Registration District No. 5321

1. PLACE OF DEATH:
(a) County Cooper
(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 Life years, months or days

3. (a) PRINT FULL NAME Anna S. Martin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 5 (Month) (Day) (Year)

8. AGE: Years 72 Months _____ Days _____ 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 F. R. Deffenbaugh

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

14. Maiden name Elyzabeth Christine

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

16. (a) Informant Ms. Theron Martin

(b) Address Clarksburg MO

17. (a) (Burial, cremation, or other) _____ (b) Date thereat 3-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation mt Pleasant Cem.

18. (a) Signature of funeral director E. Richard

(b) Address Clinton MO

19. (a) 3-3-47 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Cooper
(c) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. 7 mi N of Clarksburg (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day 8 year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Valvular disease of
Heart Duration 2 yrs.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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)
(c) Means of injury _____
23. Signature A. S. Meredith (M. D. or other) MO.
Address Pratt Home, MO Date signed 3-2-47

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

SUPPLEMENTARY

MOTHER FATHER

S-4402