

FILED OCT 23 1947

Registration District No. 323

Primary Registration District No. 4478

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Stancaster
(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 NO (Specify whether
In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler
(c) City or town Stancaster
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAUDE ETHEL MARTIN
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1947 hour 7 minute 9 P. M.
21. I hereby certify that I attended the deceased from Feb
25, 1946, to Sept 30, 1947.

4. Sex FE 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Erwin Martin 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased: June (Month) 1885 (Day) (Year)

that I last saw her alive on Sept 30, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Breast with metastases

8. AGE: Years 62 Months 3 Days 27 If less than one day hr. min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

PHYSICIAN

11. Industry or business _____

Major findings: Of operations 50
Of autopsy _____
Underline the cause to which death should be charged statistically.

12. Name Nathaniel Martin

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

14. Maiden name Melvin Harrison

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

16. (a) Informant Claude Martin

(b) Address Stancaster MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6-47 (Month) (Day) (Year)

(c) Place: burial or cremation Arvin Cem

18. (a) Signature of funeral director P. O. Fenton

(b) Address Stancaster MO

19. (a) 10/18/47 (Date received by registrar) (b) Mrs. R. H. Drake (Registrar's signature)

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 21

23. Signature R E Vaughn (M. D. or other) D. O

Address Stancaster MO Date signed Oct 6, 1947

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

RECEIVED
District Health Officer No. 10
District File Number 10-47-144
Date Filed OCT 21 1947

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.....

James J. Taylor....., Registered Apprentice No. *436*
working under my personal supervision.

Signed..... *P. O. Fenton*.....

Licensed Embalmer No. *3705*.....

P. O. Address *Faneuil Mass*.....

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.