

S. No. 2  
-12-45  
5-17-39  
I X47070

FILED JAN 24 1948

Registration District No. **17**

Primary Registration District No. **4166**

Registrar's No. **3**

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

1. PLACE OF DEATH:

(a) County **DeKalb**

(b) City or town **Weatherbury**  
(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 **all of her life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Martha Jane Altha**

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 **Christopher**

6. (c) Age of husband or wife if alive **81** years

7. Birth date of deceased **Sep 12 1866**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>81</b>	<b>3</b>	<b>25</b>	hr. min.

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

10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_

12. Name **Geo Minor**

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

14. Maiden name **Mary Jane Donnelly**

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

16. (a) Informant **Alpha D. Uike**

(b) Address **Weatherbury MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-9-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Hopeville**

18. (a) Signature of funeral director **Wm. Stouff**

(b) Address **Winston Mo**

19. (a) **Jan 12 48** (Date received local registrar) (b) **Lawrence Dardou** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **DeKalb**

(c) City or town **Weatherbury MO**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **7** year **1948** hour **7** minute **30 AM**

21. I hereby certify that I attended the deceased from **Aug 19 1947** to **Jan 7 1948** that I last saw **alive on Jan 6 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism**

Due to **Cerebral Embolism**

Due to \_\_\_\_\_

Other conditions **Diabetes Mellitus**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **(C)**

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 **W. Gerald Taylor** (M. D. or other) \_\_\_\_\_

Address **Waycross MO** Date signed **1-8-48**

Duration

**1 1/2 weeks**

**5 1/2 months**

**6 yrs ?**

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 17 1914

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 *L. O. Richerson*

Licensed Embalmer No. *3302*

P. O. Address *Salatiel, 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.