

National Office of Vital Statistics  
**FILED FEB 19 1948**  
 Registration District No. **2**

Primary Registration District No. **6238**

Registrar's No. **6**

**1. PLACE OF DEATH:**  
 (a) County Cedar  
 (b) City or town Rural-----Jefferson  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Cedar **20**  
 (c) City or town Rural-----Jefferson **0**  
(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** Minerva Jane Martin  
**3. (b) If veteran,** name war.....  
**3. (c) Social Security No.**.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month February day 3  
 year 1948 hour 11 minute 30 P.A.M.

**4. Sex** F **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** sup  
**6. (b) Name of husband or wife** Lyle Martin  
**6. (c) Age of husband or wife if alive**..... years  
**7. Birth date of deceased** September 1 1889  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** 1945 to Feb 30 1948  
 that I last saw her alive on Feb 30 1948  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>5</u>	<u>2</u>	..... hr. .... min

**Immediate cause of death**  
Coronary thrombosis  
Chronic myocarditis  
possible hypertension  
**Due to**.....  
**Due to**.....

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

**9. Birthplace** Humansville  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** House Wife

**Other conditions**.....  
(include pregnancy within 3 months of death)  
**Major findings:**  
 Of operations..... 93 D  
 Of autopsy.....

MOTHER FATHER

**11. Industry or business**  
**12. Name** George Chaney  
**13. Birthplace** Unknown  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Nancey Ann Beaty  
**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Larry Hornbeck  
**(b) Address** Humansville, Mo.  
**17. (a) Burial** **(b) Date thereof** 2 5 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Alder Cemetery

**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?**.....  
(Specify type of place)  
 While at work?.....  
 Means of injury.....  
**23. Signature** D. E. Wetzel (M. D. or other) D. E.  
 Address Humansville, Mo. Date signed 2-4-48

**18. (a) Signature of funeral director** Church & Neale  
**(b) Address** Stockton, Mo.  
**19. (a) 2-14-48** **(b) Geneva Garrison**  
(Date received local registrar) (Registrar's signature)

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

RECEIVED  
District Health Officer No. 7,  
District File Number 14883  
Date Filed 8-18-2

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 Melvin Church  
Licensed Embalmer No. 3272

P. O. Address \_\_\_\_\_

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.

2B  
3-45  
X43880

Registration District No. 62

Primary Registration District No. 5238

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County cedar

(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 NAME Minerva J. 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, separated

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

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Sept 1 (Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) No

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) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (Date received local registrar) (b) \_\_\_\_\_ (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 July 1948 year, \_\_\_\_\_ 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 \_\_\_\_\_

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 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? \_\_\_\_\_ (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) \_\_\_\_\_

Date signed \_\_\_\_\_

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

SUPPLEMENTARY

4248