

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11345

State File No. _____

FILED MAY 7 1948

Registrar's No. 133

Registration District No. _____

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Madair
(b) City or town Kirkville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Laughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 8 hours
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61
(c) City or town Callao
(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 _____

3. (a) PRINT FULL NAME

Martha L. Day

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 Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased. April 2 1879

(Month) (Day) (Year)

8. AGE:

Years Months Days If less than one day
69 0 23 _____ hr. _____ min.

9. Birthplace

Callao Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business _____

MOTHER FATHER

12. Name

Allen L. Vestal

13. Birthplace

Callao Missouri
(City, town, or county) (State or foreign country)

14. Maiden name

Maryann Jones

15. Birthplace

Callao Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Maggie Latta

(b) Address

Callao Missouri

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 4-27-48

(Month) (Day) (Year)

(c) Place: burial or cremation

Callao Missouri

18. (a) Signature of funeral director

H. G. Edwards
Bevier Missouri

(b) Address

4-30-48

(b) Kate Lambert
(Registrar's signature)

(Date received local registrar)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 24th to April 25 1948
that I last saw her alive on April 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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)

Means of injury _____

23. Signature A. T. Rhoads

(M.D. or other) D.O.

Address Kirkville, Mo

Date signed _____

4-27-48

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

RECEIVED
District Health Officer No. 10
District File Number 5548795
Date Filed MAY - 5 1948

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

[Handwritten Signature]

Licensed Embalmer No. 1961

P. O. Address Berlin 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.