. S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19792

Registration District No. 150 Primary Registration District No. 5874 Registrar's No. 104

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Oak Grove Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Van Buren Twp. 3 Mi N.E. Tarsney (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 60 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93
(c) City or town Roscoe (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MATTIE E MARTIN

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 21 (Day) 1868 (Year)

8. AGE: Years 79 Months 4 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Housekeeping
11. Industry or business

FATHER
12. Name Nah Known 9
13. Birthplace Nah Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nah Known 9
15. Birthplace Nah Known (City, town, or county) (State or foreign country)

16. (a) Informant Ola Hobb
(b) Address Oak Grove Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Roscoe Mo
18. (a) Signature of funeral director F B Goodrich
(b) Address Osceola Mo
19. (a) May 17, 1948 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature) 270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1948 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from March 20, 1948, to May 15, 1948; that I last saw her alive on May 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auricular fibrillation	3 days
Due to: Mitral Stenosis	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death): Senility	5 yrs.

Major findings:
Of operations
Of autopsy

92B

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature K E Warren (M. D. or other) D.O.
Address Oak Grove, Mo. Date signed 5-15-48

(Licensed Embalmer's Statement on Reverse Side)

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 H B Goodwich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.