

No. 2  
-1/47  
-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 8 1948  
Registration District No. 728

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26017

Primary Registration District No. 5465

Registrar's No. 723

1. PLACE OF DEATH:

(a) County: Greene  
(b) City or town: Rural - N. Campbell  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rt. 1 Springfield  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: majority of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39  
(c) City or town: Rural - Springfield 0  
(If outside city or town limits write "RURAL")  
(d) Street No.: Rt. 1 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Martha Adeline Deeds

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

4. Sex: female 5. Color or race: white 6. (a) Single, widowed, married, divorced: widowed  
6. (b) Name of husband or wife: J.C. Deeds 6. (c) Age of husband or wife if alive: 13 years  
7. Birth date of deceased: Dec. 13 1865  
(Month) (Day) (Year)

8. AGE: Years: 82 Months: 8 Days: 15 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Nashville Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: housewife

12. Name: Abner Marks

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

14. Maiden name: Emaline O'Dem

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

16. (a) Informant: Elzie Deeds (SON)  
(b) Address: Springfield, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8-30-48  
(Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: J. W. Klingner  
(b) Address: Springfield

19. (a) 8-31-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 28 year: 1948 hour: 2 minute: 10 a.m.

21. I hereby certify that I attended the deceased from 8/1 1947 to 8/28 1948  
that I last saw her alive on 8/24 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia with heart lesion  
Due to: Satal Blindness

Due to: Hypertension  
Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: gs

PHYSICIAN  
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): no  
(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: \_\_\_\_\_ (c) Means of injury: \_\_\_\_\_  
23: Signature: S. Freeman (M. D. or other) Address: Springfield Mo Date signed: 8/29/48

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

MOTHER FATHER

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.....

*Max Rhodes*

Licensed Embalmer No.....

4071

P. O. Address.....

*Springfield*

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.