No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35763

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 396

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
POPLAR BLUFF HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 28 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12

(c) City or town POPLAR BLUFF 7
(If outside city or town limits, write "RURAL")

(d) Street No. BARRON ROAD 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME NANNIE SCOTT FISHER

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

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

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

7. Birth date of deceased Dec (Month) 31 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	26	..... hr. ..... min.

9. Birthplace LIVINGSTON (City, town, or county) TENN 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name DANIEL WEBSTER MARTIN
13. Birthplace ..... (City, town, or county) TENN 1 (State or foreign country)

MOTHER
14. Maiden name MARIAH MARTIN
15. Birthplace UNKNOWN (City, town, or county) 1 (State or foreign country)

16. (a) Informant Clay Fisher

(b) Address Barron Road Poplar Bluff MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV (Month) 30 (Day) 1948 (Year)

(c) Place: burial or cremation WOODLAWN Cem

18. (a) Signature of funeral director O.V. Phelps

(b) Address Poplar Bluff MO

19. (a) 12/4/48 (Date received local registrar) (b) [signature] (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 27"
year 1948 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from NOV 21 1948, 19..., to NOV 27, 1948;
that I last saw her alive on 27 NOV '48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis, liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): General arteriosclerosis	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

12/B

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 0

23. Signature Gordon A Henrickson (M. D. or other) MD

Address Poplar Bluff MO Date signed 12/2/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1948-1622
Date Filed 12-6-48

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 Marshall E. Blackwell, Registered Apprentice No. 293, working under my personal supervision.

Signed N. T. Shelton

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.