

FILED MAY 29 1950

STANDARD CERTIFICATE OF DEATH

19100

State File No.

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 27

1. PLACE OF DEATH
 a. COUNTY Stoddard
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield
 c. LENGTH OF STAY (in this place) 20 yr.
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri
 b. COUNTY Stoddard
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
 a. (First) Martha
 b. (Middle) _____
 c. (Last) McRoy

4. DATE OF DEATH (Month) (Day) (Year)
May 8, 1950

5. SEX Female
 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept. 7, 1907

9. AGE (In years last birthday) Months Days Hours Min.
43

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housekeeper

11. BIRTHPLACE (State or foreign country) Ardeola, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gus Jennings

13b. MOTHER'S MAIDEN NAME Isabel Fortner

14. NAME OF HUSBAND OR WIFE Harvey McRoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Harvey McRoy Bloomfield, Mo.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
 ANTECEDENT CAUSES Hypertension
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
331X

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from May 8th, 1950, to May 8th, 1950, that I last saw the deceased alive on May 8th, 1950, and that death occurred at 11:30P.m., from the causes and on the date stated above.

23a. SIGNATURE D. Cannon, D.O. (Degree of title)

23b. ADDRESS Dexter, Missouri

23c. DATE SIGNED 5/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 11, 1950

24c. NAME OF CEMETERY OR CREMATORY Walker cemetery

24d. LOCATION (City, town, or county) (State) Bloomfield, Mo.

DATE REC'D BY LOCAL REG. May 18 1950

REGISTRAR'S SIGNATURE Rose Webb

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Watkins Funeral Ser. Bloomfield, Mo.

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

RECEIVED MAY 22 19
District Health Office No
District File Number 550
Date Filed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.