

V. S. No. 2
DOM-8-43
ev. 5-17-39
I X37823

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

State File No. **36245**
Registrar's No. **387**

FILED DEC 4 1946

Registration District No. **1** Primary Registration District No. **3008**

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

1. PLACE OF DEATH:

(a) County Gallaway

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

(c) Name of hospital or institution:
State Hosp. no 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. 2 mo. 28 days
(Specify whether years, months or days)

In this community 4 yrs. 2 mo. 25 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery 14

(c) City or town Clarksburg
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha J. Farris

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1946 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov 1, 1946, to Nov 26, 1946, and that I last saw her alive on Nov 26, 1946, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased: April 1 1864
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis

Due to Generalized atherosclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Phillips

13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name R. Parker

15. Birthplace Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Jarvis

(b) Address Lipton MO

17. (a) Burial (b) Date thereof Nov. 28, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lipton MO

18. (a) Signature of funeral director Gleny. M. Murrin

(b) Address 712 Court St. Fulton MO

19. (a) 11-27-1946 (b) John M. Murrin
(Date received local registrar) (Registrar's signature)

Major findings: 930

Of operations _____

Of autopsy _____

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)
(e) Means of injury 5

23. Signature James Thomas (M. D. or other)
Address Fulton MO Date signed 11/24/46

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-2-46

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..... *Glen Y. Marpin*
Licensed Embalmer No. *2725*
P. O. Address *Fulton, 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.