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X35897

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

FILED JAN 31 1944

Registration District No. **224**

Primary Registration District No. **30465796**

Registrar's No. **134**

1. PLACE OF DEATH:

(a) County **Moniteau CO**
(b) City or town **Rural Walker**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **California, Mo. Rt #2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **California, Mo. Rt #2**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Martha Louisa Clenin**

3. (b) If veteran, name war
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
6. (c) Age of husband or wife if alive **1857** years

7. Birth date of deceased **Oct 3 1857**
(Month) (Day) (Year)

8. AGE: Years **86** Months **2** Days **9** If less than one day hr. min.

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **John M Lehr**

13. Birthplace **Switz 5**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Marie**

15. Birthplace **Switz 5**
(City, town, or county) (State or foreign country)

16. (a) Informant **A. F. Lathin**

(b) Address **California Mo St 2**

17. (a) **Burial** (b) Date thereof **Dec. 15. 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **High Land Cent**

18. (a) Signature of funeral director **Bowlin Funeral Home**
(b) Address **California, Mo.**

19. (a) **13-14-43** (b) **R. G. Allee**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **12** year **1943** hour **5** minute **P** M.

21. I hereby certify that I attended the deceased from **December 3** 19**43**, to **December 12** 19**43**, that I last saw her alive on **December 10** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death: **Ulcer of stomach with obstruction** Duration **5 months**

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **117a**
Of autopsy
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) White at work? Means of injury **0**

23. Signature **Kenyon Latham** (M. D. or other)
Address **California, Mo.** Date signed **12-13-43**

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 Carl R. Bonlin

Licensed Embalmer No. 2126

P. O. Address California, N.A.

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.