

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D AUG 23 1938

24879
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008 Registered No. 171
(c) City Fulton (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 6 mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Martha Jane Henney 500 St. Overton, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D.K.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1866
7. AGE YEARS 71 MONTHS 10 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monterey County

FATHER 13. NAME Marion Marshall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Rebecca Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States

17. INFORMANT (ADDRESS) Hosp Records

18. BURIAL, CREMATION, OR REMOVAL PLACE James Brown DATE July 7, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charley Hollister
James Brown

20. FILED July 6, 1938 R. N. Creve Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1937, to July 6, 1938

I last saw h. 2 alive on July 5, 1938. Death is said to have occurred on the date stated above, at 12:00 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolus
Carcinoma of uterus
Date of onset 7/4/38

Other contributory causes of importance:

Interochondritic fracture - left femur 7/1/38
Generalized arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) H. J. Colner, M. D.
(Address) Fulton, Mo.

1876

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

W. E. Friedmayer

Licensed Embalmer No.

2854

P. O. Address

California

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24879

Do not use this space.

1. PLACE OF DEATH

(a) County Calloway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008 Registered No. 171
(c) City Fulton (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Martha Jane Kemmer
(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938 to 1938

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolus Date of onset

Carcinoma of uterus

Intertrochanteric fracture left femur

Other contributory causes of importance:

Intertrochanteric fracture left femur

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/29, 1938

Where did injury occur? State Hosp No 1 Fulton Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Institution

Manner of injury Call while arriving female

Nature of injury Intertrochanteric fracture left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W J Cremer, M. D.

(Address) Fulton Mo

