V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6024

State File No.

FILED MAR 11 1943
Registration District No.

Primary Registration District No. 3011

Registrar's No. 26

17 / /

1. PLACE OF DEATH:

(a) County Carroll.

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

(c) Name of hospital or institution:
211 N. Folger Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 38 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 17

(a) State Missouri (b) County Carroll. /

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

(d) Street No. 211 N. Folger Street.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARTHA B. REA.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Robert M. Rea.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March (Month) 3. (Day) 1872. (Year)

8. AGE: Years 70 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Miami (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House wife.

11. Industry or business

MOTHER FATHER

12. Name John Burrus.

13. Birthplace (City, town, or county) Ill. / (State or foreign country)

14. Maiden name Sadie Gaspin.

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

16. (a) Informant Robert M. Rea

(b) Address Carrollton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-43. (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Willis-Marshall.

(b) Address Carrollton Mo.

19. (a) 2-27-43 (Date received local registrar) (b) Mrs James Rafferty (Registrar's signature)

100-3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th
year 1943. hour 2:15 P.M. minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 21 1943, to Feb 25 1943; that I last saw her alive on Feb 21 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral embolism	30 Min
Due to: Coronary thrombosis,	
Due to: Mumps, in Jan 1943	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis - Nephritis.	

Major findings:
Of operations
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)

While at work? (e) Means of injury

23. Signature Eugene Rea (M. D. or other) MD

Address 106 E. Benton Date signed 3-1-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-10-43

JUL 26 1946

OCT 23 1944

JUL 10 1946

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 Myself.

, Registered Apprentice No.

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton Miss.

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.