REC'D NOV 5 1938

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

36955
Do not use this space.

1. PLACE OF DEATH
(a) County Scott
(b) Township Richland
(c) City Sikeston, Mo.
(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.
3 1 2

Registration District No. 821
Primary Registration District No. 4253
Registered No. .....

2. PRINT FULL NAME Lynn Mark Stallcup
(a) Residence, No. 312 Tanner St St.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~WIFE OF~~ Frances L. Stallcup
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10th, 1885.
7. AGE: Years 53; Months 9; Days 5; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Land owner
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) Sikeston, (STATE OR COUNTRY) Mo. C

FATHER
13. NAME Mark Harden Stallcup
14. BIRTHPLACE (CITY OR TOWN) New Madrid, Co (STATE OR COUNTRY) Mo. C

MOTHER
15. MAIDEN NAME Sue Gregory
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tenn

17. INFORMANT Frances Stallcup (ADDRESS) Sikeston, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston, Mo. DATE Oct, 17th, 38
19. FUNERAL DIRECTOR John Albritton (ADDRESS) Sikeston, Mo.
20. FILED 11-3 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1938, to Oct 15-38, 19..... I last saw him alive on Oct 15, 1938. Death is said to have occurred on the date stated above, at 11:45 Pm. The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza or Bronchopneumonia	Oct 7-38

Other contributory causes of importance: NN

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) [signature], M. D.
(Address) Sikeston Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, John Albritton, Licensed Embalmer No. 2941

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 2941

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.)