

DEC 21 1938

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

40117
Do not use this space.

1. PLACE OF DEATH

(a) County Ralls Registration District No. 912
(b) Township Cooper Primary Registration District No. 5960B Registered No. 36
(c) City Rolla (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

(a) Residence, No. 350 Malia A Stearn St. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. H. Stearn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1886
7. AGE YEARS 52 MONTHS 4 DAYS 3 If LESS than 1 day, ... hrs. or min.
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 all life

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

FATHER 13. NAME Henry C. Bennett 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Jenna Woods 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. J. E. Ellis Hambula Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Varadale Mo. DATE Nov 9

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Peters Hambula Mo.

20. FILED Nov. 10, 1938 Carrie L. Hester Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 9, 1938, to Nov. 7, 1938.
I last saw her alive on July 9, 1938. Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

Cancer of breast
Other contributory causes of importance: 50

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? 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?
If so, specify St. H. Blaud M. D.
(Signed) Carrie L. Hester (Address) Hambula Mo.

STATEMENT BY LICENSED EMBALMER

UNITED STATES DEPARTMENT OF HEALTH

AND HUMAN SERVICES

RECEIVED

District Health Officer No. 10

District File Number 10-28-635

Date Filed 12-10-38

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,

Mr. B. Waters

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Mr. B. Waters

Licensed Embalmer No.

3321

P. O. Address

Paulina M.

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.