

REC'D JUN 21 1939

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

18798

Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 388
(b) Township Sisson Primary Registration District No. 5542 Registered No. 8
(c) City (d) Street No. Peace Valley, Mo. Rt. 1 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. 7 mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Leona Wheat Stallcup
(a) Residence, No. Peace Valley, Mo. Rt. 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1899
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 1 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) Olden, (STATE OR COUNTRY) Mo.

FATHER 13. NAME Sam Wheat

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

MOTHER 15. MAIDEN NAME Matilda Stubbs

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

17. INFORMANT Jake Stallcup (ADDRESS) Peace Valley, Mo. Rt. 1

18. BURIAL, CREMATION, OR REMOVAL Howell Valley Cem PLACE West Plains, Mo. DATE 5-27 1939

19. FUNERAL DIRECTOR (NAME) Hal Thornburgh (ADDRESS) West Plains, Mo.

20. FILED June 1, 1939 Mrs Pearl Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 5/24/39, 1939, to 5/24/39, 1939.

I last saw her alive on May 24, 1939. Death is said

to have occurred on the date stated above, at 7:30 P.M.

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

Uterine Carcinoma ?

Car-Uterus - 4 1/2

Other contributory causes of importance:

Thrombosis, Rt. Femoral Vien.

Date of onset Undeter-
mined.

1 wk.

Name of operation None Date of xxx

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) Hal Thornburgh, M. D.

(Address) West Plains, Mo.

1950
1951

1. The body of the deceased

was embalmed by me

on this day of

at

City of

State of

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,

Hal Thornburgh

or by

Registered Apprentice No., working under my personal supervision.

Signed

Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains

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.