

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

26485
Do not use this space.

1939 AUG 14

1. PLACE OF DEATH
 (a) County Perry Registration District No. 659
 (b) Township Clinque Homme Primary Registration District No. 5876 Registered No. 666
 (c) City _____ (d) Street No. _____
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Ella M. Statler
 (a) Residence, No. _____ St. (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26 1866		
7. AGE YEARS 72	MONTHS 8	DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
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. House Work		
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) Perry Co. Mo.		
13. NAME Robert F. Statler		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co. Mo.		
15. MAIDEN NAME Sarah McLain		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.		
17. INFORMANT Lon. Statler (ADDRESS) Perryville Mo. R.F.D. 1		
18. BURIAL, CREMATION, OR REMOVAL PLACE White Water Ceme DATE Aug 9 1939		
19. FUNERAL DIRECTOR (NAME) Young & Sons (ADDRESS) Perryville Mo.		
20. FILED Aug 9 1939 Martin Mackel Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 8 1939**

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1938, to Aug 8, 1939
 I last saw him alive on Aug 7, 1939. Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
 Other contributory causes of importance:
93C

Name of operation None 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) Bernard T. Franck, M. D.
Perryville, Mo. (Address)

Date of entry
8/8/39

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.....

Licensed Embalmer No. *2135*

P. O. Address *Perkinsville mo.*

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.