

REC'D JUN 22 1940

Registration District No. _____

Primary Registration District No. 4510

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Stoddard
 (b) City or town _____
 (c) Name of hospital or institution: _____
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Stella Harvace 400
 3. (b) If veteran, name was 3. (c) Social Security No.

4. Sex F 5. Color or race N
 6. (b) Name of husband or wife ✓ 6. (a) Single, widowed, married, divorced Widow
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 14 - 1881
 (Month) (Day) (Year)

8. AGE: Years 59 Months ✓ Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Deshaul city, Ind.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER
 12. Name Jessie DeFournett
 13. Birthplace Ind.
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Brown
 15. Birthplace Ind.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature F. B. Robertson

(b) Address Essay, Mo.

17. (a) Burial (b) Date thereof 4-10-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Essay, Mo.

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-10-40 (b) Dr. J. P. Dranshan
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
 (c) City or town Essay, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr - 8 day 19 1940
 year 1940 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from Sept 12 - 39
Sept 29 = 1939 to Sept 20 - 1939, 1939;
 that I last saw her alive on _____, 19____;
 and that death occurred on the date and hour stated above

Immediate cause of death Do not know
did not see her at
market for several months
but probably cancer
of throat she had
cancer of face 2 yrs ago.
 Dug to _____
 Other conditions she improved
 (include presidency within 3 months of death)
Other cancer was
 Major findings: Cause of her death
 Of operations _____
 Of autopsy 52

Duration
19
24

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? ✓
 While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature J. P. Dranshan (M. D. or other)
 Address Essay, Mo. Date signed 4-10-40

1 x19311
 MAKE A PERMANENT RECORD
 USE UNFADING BLACK INK
 STATE DEPARTMENT OF HEALTH

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.

RECEIVED

District Health Officer No. 2

District File Number 640-1157

Date Filed 6/20/40

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. 3479

P. O. Address Deerfield, 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.