S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21679

Registration District No. 282 Primary Registration District No. 5401 Registrar's No.

1. PLACE OF DEATH:
(a) County Dunklin Union Tp
(b) City or town Near Campbell Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of Hettie Orr (Dau)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life 77

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Near Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. "Rural"
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wm Marion Stotts
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 22 1860 (Month) (Day) (Year)
8. AGE: Years 80 Months 4 Days 13 If less than one day hr. min.
9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Willey Stotts
13. Birthplace Uk. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Jane Hicklothern
15. Birthplace Uk. (City, town, or county) (State or foreign country)
16. (a) Informant Daughter Hettie Orr
(b) Address near Campbell
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Vincent
18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell Mo. 251
19. (a) June 5 1940 (Date received local registrar) (b) E W Landers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1940 hour 10 minute a.m.
21. I hereby certify that I attended the deceased from May 20th 1940, to June 2nd 1940, that I last saw him alive on June 2nd 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	?
Due to Infectious Arthritis	2 mo.
Due to	
Other conditions Hepatitis - acute (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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 Wallace A Belsey (M. D. or other) M.D.
Address Campbell Mo. Date signed 7/5/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 740-1217
Date Filed 7/8/40

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.