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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27911

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 173

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellis Fischel State CA Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community — 8 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State O Mo (b) County Montgomery

(c) City or town New Florence (Rural) (If outside city or town limits write "RURAL")

(d) Street No. Rural #1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Stella Talley 400

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Thomas Talley

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept (Month) 3 (Day) 1892 (Year)

8. AGE: Years 47 Months 11 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Jersey County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name John Shaw
13. Birthplace Virginia (City, town, or county) USA (State or foreign country)

MOTHER
14. Maiden name Lucy Fondle
15. Birthplace Jersey Co. (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Thomas C. Talley

(b) Address

17. (a) ~~Rem~~ Burial (Burial, cremation, or removal) (b) Date thereof 8-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation New Florence, Mo

18. (a) Signature of funeral director [illegible]

(b) Address Mexico Mo

19. (a) 8/13/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13 year 40 hour 10 minute 50 A M.

21. I hereby certify that I attended the deceased from 8-5, 1940, to 8-13, 1940; that I last saw her alive on 8-13, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Hydronephrosis	
Due to Recurrent CA of Uterus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Recurrent CA uterus, Uretral obstruction, Tumor region of [illegible]

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E E Roye (M. D. ~~or other~~) MD

Address Ellis Fischel State CA Hosp Date signed 8-13-40

(Licensed Embalmer's Statement on Reverse Side)

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. 3569

P. O. Address .....

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.