

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **821**

Primary Registration District No. **4563**

Registrar's No. **1**

1. PLACE OF DEATH:
 (a) County **Scott**
 (b) City or town **Sikeston**
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) **2**
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **2 mo** years, months or days **21 d**

3. (a) PRINT FULL NAME **Money Ellen Stovall**
8. (b) If veteran, _____ **8. (c) Social Security** _____
 name war. _____ No. _____

4. Sex **Female** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife **A. Stovall** **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased **July 12 1863**
 (Month) (Day) (Year)

8. AGE: Years **77** Months **1** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Paducah Ky**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____
MOTHER FATHER
12. Name **Callwell Pool** _____
13. Birthplace **W. Virginia** _____
 (City, town, or county) (State or foreign country)
14. Maiden name **Hannah** _____
15. Birthplace **Bloomfield Mo** _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Henry Stovall**
(b) Address **515 St**

17. (a) Burial, cremation, or removal **burial** **(b) Date thereof** **Aug 26**
 (Month) (Day) (Year)
(c) Place: burial or cremation **Big Spring Center**

18. (a) Signature of funeral director **Allen Ellis**
(b) Address **515 St**

19. (a) Date received local registrar **Sept 9, 40** **(b) Registrar's signature** **[Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** **(b) County** **Scott**
(c) City or town **Sikeston**
 (If outside city or town limits, write "RURAL")
(d) Street No. **240 Kathleen**
 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **24**
 year **1940** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **July 28**, 19**40** to **Aug 24**, 19**40**
 that I last saw him alive on **July 30**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach**
 Duration _____

Due to _____
 Due to **46**
 Other conditions _____
 (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? **742**
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____
Address **Sikeston Mo** **Date signed** _____

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. MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 940-143

Date Filed 7/10/40

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 Aug 2

....., Registered Apprentice No.
working under my personal supervision.

Signed Travis Shelby
Licensed Embalmer No. 2726
P. O. Address East Prairie, 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.