

Registration District No. 773

Primary Registration District No. 6023

Registrar's No. 191

1. PLACE OF DEATH

(a) County St. Francois, RFD  
(b) City or town Hammond, Mo  
(If outside city or town limits, write "RURAL" and name of town) (b)  
(c) Name of hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community two years (Specify whether  
years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town RFD Pseudleton  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Stella B. Andrews

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W.  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife John Andrews 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased May 5 - 1908  
(Month) (Day) (Year)

8. AGE: Years 32 Months 6 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Memphis Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Home-maker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Tilt 90  
13. Birthplace Boyle Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Beatrice M. Suringer  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant John Andrews

(b) Address Hammond Mo

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

(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director C. C. Coonan

(b) Address Hammond Mo

19. (a) Nov 16-1940 (b) B. B. Robinson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15  
year 1940 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 11, 1940, to Nov 12, 1940,  
that I last saw him alive on Nov 10, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia

Due to Exposure on Nov 6<sup>th</sup>

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

4 days

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 3  
23. Signature L. M. Stauffer (M. D. or other) 3  
Address Hammond Mo Date signed 11/18/40

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

REC'D DEC 11 1940

**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.....

*me*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*C. H. Ozyan*

Licensed Embalmer No. *4284*

P. O. Address *Leominster, Vt.*

**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.**