

D. S. Bowie

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43233

FILED JAN 20 1940

Registration District No. 367

Primary Registration District No. 5763

Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town East Prairie Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. James
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 yrs (Specify, whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec. day 27,
year 1940 hour 8.30 minute _____ M.

21. I hereby certify that I attended the deceased from July 1939
_____ 19 _____ to Dec 20 19 40
that I last saw him alive on Dec 27 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 1 day

Due to metastasis of Ca of prostate

Due to _____
Other conditions (Include pregnancy within 3 months of death) 51

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? 877 (Specify type of place)
(e) Means of injury _____

23. Signature Paul Baur (M. D. or other) MD
Address Charleston Mo Date signed 12/31/40

3. (a) PRINT FULL NAME James Albert Stalling
3. (b) If veteran, name war V 3. (c) Social Security No. none

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosette Stalling 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 16 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Bullet Co. Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____
12. Name Williamsbalmor Stalling
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Sarah Ellen Stalling
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Rosette Stalling
(b) Address East Prairie Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 1940
(Month) (Day) (Year)

(c) Place: burial or cremation G.O.P.F. Kelly

18. (a) Signature of funeral director Paul Baur
(b) Address East Prairie Mo
19. (a) Jan 4 1941 (Date received by registrar) (b) Mrs. D. M. Hodges (Registrar's signature)

RECEIVED

District Health Officer No. 2,

District File Number 141-112

Date Filed 1/14/41

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prussia, 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.