

FBI JAN 23 1941

Registration District No. **822**

Primary Registration District No. **6116**

Registrar's No. **15**

1. PLACE OF DEATH:

(a) County Sullivan
 (b) City or town Harris Rural Clay
 (If outside city or town limits, write "RURAL" and name of township)
 (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 years, months or days) 2

8. (a) PRINT FULL NAME Laura Deeds
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race W.
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Johnathan Deeds 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 19-1864
 (Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business S

MOTHER FATHER
 12. Name Henry Stufflebeam S
 13. Birthplace _____
 (City, town, or county) (State or foreign country)
 14. Maiden name Ursula Harrington
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Payne
 (b) Address Harris

17. (a) Liberty (b) Date thereof Dec. 6-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Liberty Union

18. (a) Signature of funeral director W. B. Payne
 (b) Address Newtown

19. (a) Dec. 6, 1940 (b) Mrs. Ruth Tucker
 (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
 (c) City or town Harris Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 1/2 miles E. Harris
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
 year 1940 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Dec. 3, 1940, to Dec 4, 1940, that I last saw her alive on Dec 4, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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? 768
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature W. B. Bradley (M. D. or other) _____
 Address Harris Date signed 12/5/40

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-96

Date Filed JAN 13 1941

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 the above constitutes grounds for revocation of license.)

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

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25-41
X27852

Registration District No. 853

Primary Registration District No. 6116

Registrar's No. _____

1. PLACE OF DEATH

(a) County Sullivan

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

(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 _____
years, months or days

3. (a) PRINT FULL NAME Laura Deeda

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Dec. 6 1941 (b) Mrs. Ruth Tucker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature U. S. Bradley (M. D. or other) _____
Address Harris Date signed _____

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

SUPPLEMENTARY

