

FEB 18 1941

Registration District No. **859**

Primary Registration District No. **6130**

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

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.

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Kirbyville mo
(c) Name of hospital or institution 1 1/2 miles from Kirbyville
(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 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice Erma Headley
3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex F **5. Color or race** an **6. (a) Single, widowed, married, divorced** Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased Dec. 22 40
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER
12. Name Ernie Headley
18. Birthplace Douglas Colmo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Erna Stamps
15. Birthplace Green Co Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ernie Headley
(b) Address Kirbyville mo

17. (a) (Burial, cremation, or removal) _____ **(b) Date thereof** Jan 20 41
(Month) (Day) (Year)

(c) Place: burial or cremation Poplar Road Cemetery

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 1-20-1941 **(b)** John H. Bader
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Taney
(c) City or town Kirbyville mo (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 Jan, day 20
year 1941, hour 6 am minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on 1-20-, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Luxed bowels
Due to _____
Due to Premature
Other conditions 17 1/2 hrs
(Include pregnancy within 3 months of death)

Major findings: Found dead in bed
Of operations _____
Of autopsy _____

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 Pa. Chandler (M. D. or other)
Address Brouson mo Date signed 1/25/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 8,

District File Number 141-128

Date Filed FEB 4 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 with the above constitutes grounds for revocation of license.)

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