

Registration District No. **875**

Primary Registration District No. **6162 3039** Registrar's No. **99**

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2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:** APR 9 1941  
 (a) County Vernon  
 (b) City or town Neuada  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Neuada City Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 hrs  
(Specify whether)  
 In this community 50 yrs  
years, months or days

**3. (a) PRINT FULL NAME** Mary Ella Stallsmith  
 3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lewis Stallsmith 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased Jan 28, 1879  
(Month) (Day) (Year)

**8. AGE:** Years 63 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Versallen, Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

**MOTHER FATHER**  
 { 12. Name John Regan  
 18. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Land  
 15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Stallsmith  
 (b) Address R.F.D. Neuada, Mo

17. (a) Burial (b) Date thereof 3/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo

18. (a) Signature of funeral director Ferry Funeral Home  
 (b) Address Neuada, Mo

19. (a) 3-28-41 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Vernon  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Neuada Mo R.F.D.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? 0 years.

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month March day 25, year 1941 hour 10:10 minute A M.  
 21. I hereby certify that I attended the deceased from March 25, 1941, to March 25, 1941; that I last saw her alive on March 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
1st attack 1 week ago, 2nd 3/25/41  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Diabetes 61  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy none  
 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? 705

While at work? ✓ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature R. W. Pearson (M. D. or other) MD  
 Address Neuada, Mo Date signed 3/27/41

RECEIVED

District Health Officer No. 7  
District File Number 4-41-641  
Date Filed 4-8-41

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.....

*Lloyd R. Winneath*

Licensed Embalmer No.....

*3857*

P. O. Address.....

*Nevada, 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.