

No. 2  
13-40  
17-39  
X23159

FILED JUL 19 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22873**  
Registrar's No. \_\_\_\_\_

Registration District No. **21** Primary Registration District No. **4553**

1. PLACE OF DEATH:  
(a) County **Seath Co.**  
(b) City or town **Sikeston, Mo.**  
(c) Name of hospital or institution **General Hospital**  
(d) Length of stay: In hospital or institution **8 days**  
In this community **Gray Ridge** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Stoddard**  
(c) City or town **Sikeston, Mo.**  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Wanda Lee Julian**  
3. (b) If veteran, name war **X**  
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **16** year **1941** hour **10<sup>15</sup>** minute **0** P. M.  
21. I hereby certify that I attended the deceased from **April 16**, 1941, to **April 16**, 1941 and that death occurred on the date and hour stated above.

4. Sex **F** / 5. Color or race **W.**  
6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife **none**  
6. (c) Age of husband or wife if alive **none** years  
7. Birth date of deceased **April 8, 1927** (Month) (Day) (Year)

Immediate cause of death **Cardiac dilatation** Duration **3 Mos**  
Due to **Malignant Ulcerative Endocarditis**  
Due to \_\_\_\_\_

8. AGE: Years **14** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Plains Island** (City, town, or county) (State or foreign country)  
10. Usual occupation **Student**

11. Industry or business \_\_\_\_\_  
12. Name **George W. Julian**  
13. Birthplace **Ind.** (City, town, or county) (State or foreign country)  
14. Maiden name **Ella Phelps Julian**  
15. Birthplace **Ind.** (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **9/10**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant **Wanda Ella Julian**  
(b) Address **Sikeston, Mo.**  
17. (a) **Burial** (Burial, cremation, or removed) (b) Date thereof **April 18, 41** (Month) (Day) (Year)  
(c) Place: burial or cremation **Blount, Mo. S.M.S.U.**  
18. (a) Signature of funeral director **Wanda Ella**  
(b) Address \_\_\_\_\_  
19. (a) **7-3-41** (Date received local registrar) (b) **W. B. Breunell** (Registrar's signature)

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? **714?**  
(e) Means of injury \_\_\_\_\_  
23. Signature **Howard M. Steady** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **6/19/41**

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

RECEIVED

District Health Officer No.

District File Number 741-92

Date Filed 7-17-41

**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 <sup>not</sup> Copied  
....., 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, fact should be so stated above.**