

FILED FEB 12 1942

State File No.
Registrar's No. F

Registration District No. 876

Primary Registration District No. 6199

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Marshfield, Mo. & N. Ave. MA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 21 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Webster
(c) City or town Marshfield Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Ella C Struble

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex WF 1 5. Color or race W 6. (a) Single, widowed, married Widowed
2 divorced
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. June 3 1858 years
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 29 hr. X min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name William Stahl
13. Birthplace New York (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Elmer Struble
(b) Address Marshfield, Mo.

17. (a) Bellinger Ella (b) Date thereof 1/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellinger Ella

18. (a) Signature of funeral director [Signature]
(b) Address Marshfield, Mo.

19. (a) Jan 3 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1942 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug 4, 1939 1939 to Dec 2 1941;
that I last saw her alive on December 2 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrh. Paraplegia, left. Duration Month

Due to Vascular Hypertension Years
and Generalized Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature] PHYSICIAN
Of autopsy - 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 C.P. Macdonald (M. D. or other) C.M.D.
Address Marshfield, Mo Date signed 1/3/42

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

11200

RECEIVED

District Health Officer, No. 6,

District File Number 242-275

Date Filed FEB 11 1942

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

W. J. Fairney

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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, fact should be so stated above.