

Dr. Bauer

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21779

FILED JUL 25 1942

Registration District No. 566

Primary Registration District No. 5762

Registrar's No. 58

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

1. PLACE OF DEATH: *Mississippi*
 (a) County: *Rural*
 (b) City or town: *Wright*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *University*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: *2 weeks* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: *799 Tallihoesa*
 (a) State: *Mississippi* (b) County: *20*
 (c) City or town: *Rural*
 (If outside city or town limits, write "RURAL")
 (d) Street No.: *2 miles West of Summit, Miss*
 (If rural, give location)
 (e) Citizen of foreign country? *no* (Yes or No).
 If yes, name country: *2*

3. (a) PRINT FULL NAME: **GEORGE STEGALL**
 3. (b) If veteran, name war: *✓*
 3. (c) Social Security No.: *none*

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *June* day *26* year *1942* hour *12* minute *P.* M.
 21. I hereby certify that I attended the deceased from *June 26* 19*42* to *June 26* 19*42*
 that I last saw him alive on *June 26* 19*42*
 and that death occurred on the date and hour stated above.

4. Sex: *M*
 5. Color or race: *Col.*
 6. (a) Single, widowed, married, divorced: *Married*
 6. (b) Name of husband or wife: *Callie Stegall*
 6. (c) Age of husband or wife if alive: *62* years
 7. Birth date of deceased: *Jan. 15* (Month) (Day) (Year)

Immediate cause of death: *Mitral Insufficiency*
 Duration: *6 mo.*

8. AGE: Years *71* Months *5* Days *11* If less than one day hr. min.

Due to: *g*
 Due to: *g*

9. Birthplace: *Rankin Co. Miss* (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death): *g*

10. Usual occupation: *Farming*

PHYSICIAN
 Major findings: *g*
 Of operations:
 Of autopsy:

11. Industry or business:
 12. Name: *Unknown*
 13. Birthplace: *Unknown* (City, town, or county) (State or foreign country)
 14. Maiden name: *Hennetta Cole*
 15. Birthplace: *Rankin Co. Miss* (City, town, or county) (State or foreign country)

16. (a) Informant: *Bessie Scott*
 (b) Address: *Clarksdale, Miss*
 17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof: *7-5-42* (Month) (Day) (Year)
 (c) Place: burial or cremation: *Clarksdale, Miss*

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?

18. (a) Signature of funeral director: *Travis Shelly*
 (b) Address: *East Grand, Mo.*
 19. (a) *July 2/42* (Date received local registrar) (b) *J. I. Moore* (Registrar's signature)

While at work? (Specify type of place) Means of injury: *D*
 22. Signature: *Paul Stegall* (M. D. or other) Date signed: *July 1-42*
 Address: *Clarksdale, Miss*



RECEIVED

District Health Office No. 2,

District File Number 742-898

Date Filed JUL 13 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.....

James E. Scott

Registered Apprentice No. 316

working under my personal supervision.

Signed..... *Lewis Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.