

FILED FEB 25 1944

Registration District No.

Primary Registration District No. 4499

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Shelby County
(b) City or town Shelbina, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Simpson Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Four days
(Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina, Mo. 2
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lettittia Stevens

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 20th 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Shelby Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name John Shirley

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Stevens

(b) Address Shelbina, Missouri

17. (a) Burial (b) Date thereof 1-26-1944
(Burial, cremation, or exposure) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Chapel Cemetery

18. (a) Signature of funeral director William C. Barkman
(b) Address Shelbina, Missouri

19. (a) Feb 3, 1944 (b) Wadde Good
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1944 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15
1944, to Jan 23 1944
that I last saw her alive on Jan 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial Anemia
Due to hemorrhage Pulmonary 2 da

Due to
Other conditions (Include pregnancy within 3 months of death) 13a

Major findings: Of operations
Of autopsy
PHYSICIAN
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?

(Specify type of place) While at work? (e) Means of injury

23. Signature J. L. Simpson (M. D. or other) Do
Address Shelbina Mo Date signed Jan 26 44

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-385

Date Filed FEB 8 1944

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 *E. W. Hall*.....

Licensed Embalmer No. 3498.....

P. O. Address *Shelburne Vt*.....

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.