

Registration District No. 86

Primary Registration District No. 4144

Registrar's No. 33-

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Pilot Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pilot Grove Mo. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether in this community years, months or days) 77 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Pilot Grove Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Harris Street
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country no.

3. (a) PRINCE FULL NAME HANNIE-Roe-Judy

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1944 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2-11- 1944, to 2-15- 1944;
that I last saw her alive on 2-14- 1944
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased July-11-1866
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Hypertension ?

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 77 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Pilot Grove Mo.
(City, town, or county) (State or foreign country)

Major findings: 830

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation housewife

11. Industry or business same

12. Name Joseph Maria Stiles

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

14. Maiden name Elizabeth Stiles

15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Stiles

(b) Address Pilot Grove Mo

17. (a) Burial (b) Date thereof 2-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove Cem.

18. (a) Signature of funeral director Raymond Stiles

(b) Address Pilot Grove Mo

19. (a) Feb-17-44 (b) DR HAS SWAP
(Date received local registrar) (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? _____

While at work? _____ (Specify type of place)
(e) Means of injury no.

23. Signature J. P. Baling (M. D. or other) _____
Address Pilot Grove, Mo Date signed 2/16/44

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

27
0
0

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 3-3-44

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 Myself

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, W.

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.