

No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 16 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11600  
State File No. 8  
Registrar's No. 8

Registration District No. 238  
Primary Registration District No. 4355

1. PLACE OF DEATH:  
(a) County New Madrid  
(b) City or town New Madrid  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Two years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME MARY STILL  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Joe Still  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased July 23 1882  
(Month) (Day) (Year)

8. AGE: 61 Years 6 Months 18 Days  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home Rep

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Jayus Pearce  
13. Birthplace Thomasville Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Jayus Ledbetter  
15. Birthplace Thomasville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Still  
(b) Address New Madrid

17. (a) Burial (b) Date thereof 2-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakridge Cem

18. (a) Signature of funeral director Lush Und G  
(b) Address Resnett 7th

19. (a) 2-15-44 (b) Heber Land Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County New Madrid  
(c) City or town New Madrid  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 12  
year 1944 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from 12-23, 1943 to 2-12, 1944  
that I last saw him alive on 2-12, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Gall Bladder

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) H68

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature A. J. Weinstein (M. D. brother) \_\_\_\_\_  
Address New Madrid, Mo Date signed 2/15/44

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

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

72  
4  
0

1368

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 344-506

Date Filed 9-14-44

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed: *Walter C. Karpis*

Licensed Embalmer No. *2002*

P.O. Address *Kennett 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.