

FILED MAY 24 1944
Registration District No. 577

Primary Registration District No. 6284

Registrar's No. 8

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

1. PLACE OF DEATH: *Wright*

(a) County *Wright*

(b) City or town *Embree, Mo.*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Montgomery Trust.*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Wright*

(c) City or town *Embree*
(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 _____

3. (a) PRINT FULL NAME *FREDA MAE Stille*

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *3rd*
year *1943* hour *9:00* minute *A.* M.

21. I hereby certify that I *examined* the deceased from *7/1 - 1943*
19 _____ to *7/1 - 1943* _____

4. *Female* sex 5. Color or race *white*

6. (a) Single, widowed, married, divorced *Single*

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

7. Birth date of deceased *May 28 1939*
(Month) (Day) (Year)

that I last saw her *alive on 7/1 - 1943*
and that death occurred on the date and hour stated above.

Immediate cause of death *Her folks thought she got a strain of*
corn in her windpipe Duration _____

8. AGE: Years *4* Month *1* Days *5* If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation _____

Other conditions (include pregnancy within 3 months of death) *182-2*

11. Industry or business _____

12. Name *Lee Stille*

13. Birthplace *Graft, Mo.*
(City, town, or county) (State or foreign country)

14. Maiden name *Wanda Butts*

15. Birthplace *Graft, Mo.*
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

16. (a) Informant *Lee Stille*

(b) Address *Embree, Mo.*

17. (a) *Burial* (b) Date thereof *7/4/43*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Dutch Chapel*

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 *Russell Barber*

(b) Address *Wm. Groves, Mo.*

19. (a) *4/26-44* (b) *Foster Nuttall*
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature *R. A. Rem* (M. D. or other) _____

Address *Wm. Groves* Date signed *7/4-43*

RECEIVED

District Health Officer No. 6,

District File Number 544-607

Date Filed MAY 22 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..... *Russell Boyler*

Licensed Embalmer No. 3848

P. O. Address 90th. Home, Md

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.