

FILED AUG 9 1944
Registration District No. 93915

Primary Registration District No. 6240

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Washington

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

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

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 1
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Rural 110
(If outside city or town limits, write "RURAL")

(d) Street No. Near Quaker Post office
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ?

3. (a) PRINT FULL NAME Larry Ray Staller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1944 hour 5 minute 5 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 22 44
(Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

8 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER

12. Name Tray D. Staller

13. Birthplace Crystalline Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Staller Turnbull

15. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Tray D. Staller

(b) Address Rural Quaker Mo.

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? _____

17. (a) Burial (b) Date thereof 5-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indian Creek

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. H. Stull (M. D. or other) _____

Address Patton Mo. Date signed 7/10/44

18. (a) Signature of funeral director W. H. Sparks

(b) Address Patton Mo.

19. (a) 7-12-44 (b) G. L. White
(Date received local registrar) (Registrar's signature)

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

11000

RECEIVED

District Health Officer No. 4

District File Number 844-4203

Date Filed 8-8-44

Not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.