S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28325

Registration District No. 217 Primary Registration District No. 43-95787 Registrar's No. 58

1. PLACE OF DEATH:
(a) County MISSISSIPPI
(b) City or town BIRDS POINT
(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 (Specify whether years, months or days) In this community 2 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town BIRDS POINT
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME JUDELL STIFF
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JUNE (Month) 5th (Day) 1931 (Year)
8. AGE: Years 13 Months 2 Days 13 If less than one day hr. min.
9. Birthplace ALEXANDER CO (City, town, or county) ILL (State or foreign country)
10. Usual occupation SCHOOL GIRL
11. Industry or business —
MOTHER FATHER
12. Name ED STIFF
13. Birthplace N.K (City, town, or county) N.K (State or foreign country)
14. Maiden name PEARL DAVIS
15. Birthplace ALEXANDER CO (City, town, or county) ILL (State or foreign country)
16. (a) Informant MRS C.V. RYAL
(b) Address MILLER CITY, ILL
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-20-44 (Month) (Day) (Year)
(c) Place: burial or cremation BAUMGHGARDNER CEMETERY MILLER CITY, ILL
18. (a) Signature of funeral director John T. Kinnyulle Jr
(b) Address Sparkeville Mo
19. (a) 9/1/44 (Date received local registrar) (b) Mrs Lon Marie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 18th year 1944 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from No Medical attendance, 19__;
that I last saw him alive on, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death in swimming Accidental drowning	
Due to	
Due to	
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence August 18, 1944
(c) Where did injury occur? Miss (City or town) Mo (County) Mo (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 Lewis Shelby Coroner (M. D. or other)
Address East Prairie, Mo Date signed 8/18/44

1257 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 944-12
Date Filed 9-8-44

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 John F Nunnelee Jr

Licensed Embalmer No. 3857

P. O. Address Charleston, 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.