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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25067

FILED NOV 10 1944  
Registration District No. 289

Primary Registration District No. 5982

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Mooney Twp. (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether years, months or days) \_\_\_\_\_ (Specify whether)

3. (a) PRINT FULL NAME Della Elizabeth Self  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 16 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 10 3 hr. min.

9. Birthplace Webster County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

12. Name John Stansberry

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

14. Maiden name Martha Elmore

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

16. (a) Informant Mrs Shelburn Wilson

(b) Address Pleasant Hope, Mo.

17. (a) burial (b) Date thereof Oct. 20, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hope Cemetery

18. (a) Signature of funeral director Hutcheson-Turpin & Co.  
(b) Address Bolivar, Mo.

19. (a) Oct 20-44 (b) Estelle Benton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk  
(c) City or town "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Pleasant Hope.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19  
year 1944 hour 6 minute 20 A.M.  
21. I hereby certify that I attended the deceased from October 12  
1944 to Oct 19, 1944  
that I last saw her alive on Oct 18, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy  
Due to Generalized arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 83a

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_ (Specify type of place)

23. Signature Dorlie McClain (Physician)  
Address Bolivar, Mo. Date signed 10/19/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

.....  
working under my personal supervision.

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

Signed.....

.....  
Licensed Embalmer No. **3053**

P. O. Address **Bolivar, 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.**