

STANDARD CERTIFICATE OF DEATH

State File No. 28721
Registrar's No. 75

Registration District No. 388

Primary Registration District No. 475

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Rural - Liberty Twp.
(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 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan

(c) City or town Rural
(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 Stella Maloney

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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 May 30 1885
(Month) (Day) (Year)

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

60 2 4 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Arin Hardman

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

14. Maiden name EVANS

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

16. (a) Informant Joe Maloney

(b) Address Harris, Mo.

17. (a) Burial (b) Date thereof 8-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harris

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) ang. 18-45 (b) Greta Caldwell
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Aug. day 3 year 1945 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Jan 40 to Aug 3 1945 that I last saw her alive on Aug 13 1945 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to arteriosclerosis 10 yrs

Due to _____

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

Major findings: Of operations gms

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Harris Mo. Date signed 8/5/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 H. Leon Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.