

FILED JUL 11 1946

Registration District No. 376

Primary Registration District No. 6075

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. 11 mos. 9
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 94
(c) City or town East Prairie
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STELLA ELIZABETH HALL

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Calvin M. Hall 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased May 27 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Clinton Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Byasse
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Williams
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-46
(Month) (Day) (Year)

(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director Travis Shelby

(b) Address East Prairie, Missouri

19. (a) 6-17-46 (Date received local registrar) (b) Ether Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1946 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 19, 1946 19 to May 23, 1946 19
that I last saw her alive on May 23, 1946 19
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy No 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 George A. Russell (M. D. or other) M.D.

Address Farmington Mo Date signed 5-23-46

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

20122

RECEIVED

District Health Officer No. 4
District File Number 746-235
Date Filed 7-10-4

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.....

Mavis Shelby

Licensed Embalmer No. 2726

P. O. Address East Orange, 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.