

FILED JUL 30 1947

Registration District No. 316Primary Registration District No. 6075Registrar's No. 249

## 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 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 yr. 7 mos. 20 days  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY E. STILL

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 John Still-3rd Husband. 6. (c) Age of husband or wife if alive 38 years  
 7. Birth date of deceased August 8, 1858  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>9</u>	<u>15</u>	hr. min.

9. Birthplace Union County, Kentucky  
(City, town, or county) (State or foreign country)10. Usual occupation House wife.

11. Industry or business

MOTHER FATHER { 12. Name George Enich Jones  
 13. Birthplace Union County, Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Susie Cummings  
 15. Birthplace Sturgis (Union Co.), Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4  
(b) Address Farmington, Mo.17. (a) Burial (b) Date thereof 6-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Charleston, Missouri18. (a) Signature of funeral director Nunnelee Funeral Home  
(b) Address Charleston, Missouri19. (a) 7-25-47 (b) Ethel Rudloff  
(Date received local registry) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 94  
 (c) City or town Anniston 0  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. Unknown 0  
 (If rural, give location) 0  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1947 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 1, 1946, 19  , to May 23, 1947, 19  ;  
 that I last saw her alive on May 23, 1947, 19  ;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Duration  
interosclerosis

Due to interosclerosisOther conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 932Of autopsy No 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)  
 (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) (c) Means of injury 023. Signature George W. Reed (M. D. or other) M.D.  
Address Farmington, Mo. Date signed

RECEIVED

District Health Officer No. 4  
District File Number 747-987  
Date Filed 7-29-47

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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 Paul K. Doyal  
Licensed Embalmer No. 4120  
P. O. Address Farmington, 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,**