No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34963

State File No.

FILED NOV 5 1947

Registration District No. 3

Primary Registration District No. 5655

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether
In this community 24 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Tyler
(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 Minnie Stidham

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. M. Stidham

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased 7 (Month) 2 (Day) 1922 (Year)

8. AGE: Years 25 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Winston (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name W. A. Mooney
13. Birthplace Scott's Hill, Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Luella Hart
15. Birthplace Santis (City, town, or county) Tenn (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Missouri State San. Mt. Vernon

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 9 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Steel Mo

18. (a) Signature of funeral director Max L. Fossett
(b) Address Mt. Vernon, Mo

19. (a) 10-31-47 (Date received local registrar) (b) C. R. Hellwig (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th year 1947 hour 10:55 minute P M.

21. I hereby certify that I attended the deceased from Sept. 21, 1947 to Oct. 15, 1947; that I last saw her alive on Oct. 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far Advanced Pulmonary Tuberculosis	Abt 2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C E Hellwig M. D. (M. D.)

Address Mount Vernon, Mo Date signed 10-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1147-1152
Date Filed NOV 3 1947

1147-1152

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 By me, Registered Apprentice No., working under my personal supervision.

Signed Max L Tossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon, 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.