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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20367

State File No. \_\_\_\_\_

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 75-

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Lansdown  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pike Co. Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 70-6-11 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82  
(c) City or town Rural Indian 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1948 hour 12 midnight minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Mar 16, 1946  
\_\_\_\_\_, 1946, to June 20, 1948;  
that I last saw h. ex alive on June 20, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis following carcinoma of the breast

Duration

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

PHYSICIAN

Major findings: 50  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature James B. Bragg, M.D. (M-D, or other)  
Address Bowling Green Mo. Date signed 6-24-48

3. (a) PRINT FULL NAME Anna Davis Stahly  
3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife C. J. Stahly 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Dec 12 1877 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace S of Curryville 0 (City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

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

12. Name Wm B Davis

13. Birthplace Pike Mo 0 (City, town, or county) (State or foreign country)

14. Maiden name Hanny M Staley

15. Birthplace Pike Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant C. J. Staley  
(b) Address Curryville, Mo.

17. (a) Cremation (b) Date thereof June 25 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla St. Louis

18. (a) Signature of funeral director H. B. E. Moore  
(b) Address Bowling Green Mo.

19. (a) 6-23-48 (b) Bernice Collier (Date received local registrar) (Registrar's signature) 2711

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

RECEIVED  
District Health Officer No. 10  
District File Number 7-48-111  
Date Filed JUL 6 - 1948

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. B. Emore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.