N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 27 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4034
Do not use this space.

1. PLACE OF DEATH
(a) County Scott
(b) Township
(c) City Morley
Registration District No. 919
Primary Registration District No. 14495
Registered No.
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Alpheus Stallings
(a) Residence, No. Morley, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Ellen Stallings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	56	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Postmaster
9. Industry or business in which work was done, as saw mill, bank, etc. Post Office
10. Date deceased last worked at this occupation (month and year) Dec. 1, 1938
11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, North Carolina

FATHER
13. NAME Charles Stallings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mollie Finch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Kenneth Stallings
(ADDRESS) Sikeston, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Morley, Missouri DATE Jany 17, 1939

19. FUNERAL DIRECTOR (NAME) H. J. Welsh
(ADDRESS) Sikeston, Missouri

20. FILED Jan 18 1939 Mrs L Daughtry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Jan 12, 1939
I last saw him alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 4:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1938

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. A. Clime, M. D.
(Address) Oran Mo

(Licensed Embalmer's Statement on Reverse Side)

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, ...

Harvey S. Johnson, or by .....

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

Signed Harvey S. Johnson

Licensed Embalmer No. 3704

P. O. Address Sikeston, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.