

FILED SEP 16 1940
3/8

Registration District No. 2001

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
In this community 4 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Eletha Helen Stidham 335
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased June 27 1931
(Month) (Day) (Year)

8. AGE: Years 9 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Tunas, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business XXXX
12. Name C. S. Stidham,
13. Birthplace Banner, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Della Henderson
15. Birthplace Tunas, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant C. S. Stidham
(b) Address Tunas, Missouri

17. (a) Removal (b) Date thereof Aug 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell Cem. Tunas, Mo

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Missouri

19. (a) Aug. 4, 1940 (b) H. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dalbas
(c) City or town Tunas
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4th day August
year 1940 hour 5:45 AM minute _____ M.
21. I hereby certify that I attended the deceased from July 16/40
August 4 1940, to _____, 1940;
that I last saw h. live on Aug 4 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Peritonitis (General)
Duration _____
Due to _____
Due to _____
Other conditions Suppurative appendicitis
(Include pregnancy within 3 months of death)
Major findings: Peritonitis
Of operations _____
Of autopsy no
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? no
While at work? _____ (Specify type of place) Means of injury _____
23. Signature W. Delzell (M. D. or other) _____
Address Springfield, Mo Date signed aug 31/40

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

MOTHER FATHER

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 G. Robinson*

Licensed Embalmer No. *24457*

P. O. Address *Springfield, 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, above space should be left blank.