

No. 2
4-13-40
5-17-39
I X23159

OCT 12 1940
Registration District No. 89

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town So. Paplar Bleeff Mo
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JOSEPH HARVEY STILL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife Ida Still 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased aug 8 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Harvey Still

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Christina Underwood

15. Birthplace Irish
(City, town, or county) (State or foreign country)

16. (a) Informant John Still

(b) Address So. Paplar Bleeff Mo

17. (a) Burial (b) Date thereof Sept 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bay Springs Cem

18. (a) Signature of funeral director NT P. [unclear]

(b) Address Paplar Bleeff Mo

19. (a) 9-28-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1940 hour 15 minute 55 a.m.

21. I hereby certify that I attended the deceased from July, 1940, to Sept 20, 1940
that I last saw him alive on Sept 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation Duration 2 weeks

Due to Hypertensive heart disease 1 year

Due to _____

Other conditions Dangerous left foot
(Include pregnancy within 6 months of death)

Major findings: Of operations [Signature] Of 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? SA
(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature [Signature] (M. D. or other) 1

Address Paplar Bleeff Date signed 26-40

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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 N. J. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplan Bluffs

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.