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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1940

Registration District No. 735

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31646

Primary Registration District No. 3010

Registrar's No. 86

1. PLACE OF DEATH:

(a) County: Carroll

(b) City or town: Carrollton (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Carroll

(c) City or town: Carrollton, Rural (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: Phyllis Irene Stick

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Fe

5. Color or race: W

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Sept (Month) 12 (Day), 1940 (Year)

8. AGE: Years: 0 Months: 0 Days: 7 If less than one day: ____ hr. ____ min.

9. Birthplace: Carroll Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Infant

11. Industry or business: 0

MOTHER FATHER

12. Name: Carl Stick

13. Birthplace: Carroll Co (City, town, or county) Mo (State or foreign country)

14. Maiden name: Minnie Martha Kantek

15. Birthplace: Howell Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Carl Stick

(b) Address: Carrollton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9, 20, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill Cem

18. (a) Signature of funeral director: Standley

(b) Address: Carrollton Mo

19. (a) 9-19-40 (Date received local registrar) (b) Ruth Haskins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th year 1940 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sept 12th, 1940, to Sept 19th, 1940, that I last saw her alive on 9-19, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bowel obstruction (Intussusception)	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: W. S. Atwood (M. D. or other)

Address: Carrollton Mo Date signed: 9/19/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-4-40

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 Ben W Gibson

Licensed Embalmer No. 296

P. O. Address Carrollton Ma

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

If this body is not embalmed, fact should be so stated above.