

~~FILE~~ JAN 25 1949

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

42582
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 322
(b) Township N Jackson Primary Registration District No. 5447A Registered No. 26
(c) City _____ (d) Street No. _____
(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 0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stella Mae Pope Joy

(a) Residence, No. STAFFORD R 2 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 f 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7. 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 9 24
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation In home
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
FATHER 13. NAME W T Mc Inturff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
MOTHER 15. MAIDEN NAME Eliza K Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
17. INFORMANT (ADDRESS) Mrs Jess Hufflingner
Stafford R 2
18. BURIAL, CREMATION OR REMOVAL PLACE Barbville DATE Dec 4 1948
19. FUNERAL DIRECTOR (ADDRESS) J W. Klingner & Co
Springfield MO
20. FILED 12-4 19 48 Alban Barnes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1948
22. I HEREBY CERTIFY, That I attended deceased from May 31 1948 to Nov 30 1948
I last saw her alive on Nov 30 1948 Death is said to have occurred on the date stated above, at 4:10 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset 53
Other contributory causes of importance: Carcinoma of vertebra
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?
If so, specify _____
(Signed) R H Focht M. D.
(Address) Stafford MO

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

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.)