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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15295

Registration District No. 622
CITY OF MAY 8 1941

Primary Registration District No. 4390

Registrar's No. 26

1. PLACE OF DEATH: Pemiscot
(a) County Pemiscot
(b) City or town Hayti, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pemiscot
(c) City or town Hayti - 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Earlines Virginia Stacks
3. (b) If veteran, name war 1
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 14th
year 1941 hour 8 minute 9 M

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased: Aug 28 1921
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/13-4/14
that I last saw her alive on 4/13, 1941 to 4/14, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death: Chlamydia
Weg

8. AGE: 19 Years 7 Months 16 Days
If less than one day _____ hr. _____ min.

Due to Nephritis
Due to _____

9. Birthplace: Rector Ark
(City, town, or county) (State or foreign country)

Other conditions: chipped teeth
(Include pregnancy within 3 months of death)

10. Usual occupation: Housework
11. Industry or business: Singer
12. Name: Charlie Spavelly
13. Birthplace: Gadswain Ky
(City, town, or county) (State or foreign country)
14. Maiden name: Charl Hurray
15. Birthplace: East Bendure Mo
(City, town, or county) (State or foreign country)

Major findings: None
Of operations: _____
Of autopsy: no
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: James Stacks
(b) Address: Hayti - Mo
17. (a) Removal (b) Date thereof: 4 16 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Rector Ark

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? _____

18. (a) Signature of funeral director: Frank Smith
(b) Address: Warrenton Mo
19. (a) 4/15/41 (b) Paul Kelley
(Date received local registrar) (Registrar's signature)

While at work: _____ (Specify type of place)
(e) Means of injury: _____
23. Signature: L P Denton (M. D. or other)
Address: Hayti - Mo Date signed: 4/14/41

946 (Licensed Embalmer's Statement on Reverse Side)

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

NOV 17 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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