

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38464
Registrar's No. 185

FILE DEC 12 1941
Registration District No. 288

Primary Registration District No. 3020

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution:
1017 S. McGregor St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Years
In this community 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 S. McGregor St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James C. Still
(b) If veteran, name war None (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cornelia Shriver Still 6. (c) Age of husband or wife if alive Widow years
7. Birth date of deceased Nov. 23, 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 25,
year 1941 hour 8:30 minute A. M.
21. I hereby certify that I attended the deceased from July 15, 1941 to Nov. 25, 1941
that I last saw him alive on Nov. 25, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 0 Days 2 If less than one day hr. min.

Immediate cause of death Chronic tubercular peritonitis
Due to Chronic pulmonary tuberculosis
Due to _____
Other conditions Drug infarct - 136
(Include pregnancy within 3 months of death)
atrophy of liver

9. Birthplace Mattoon, Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Justice of the Peace

Major findings:
Of operations _____
Of autopsy as stated above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
MOTHER FATHER { 12. Name Jesse Still
13. Birthplace X Ohio
14. Maiden name Sarah A. McClure
15. Birthplace X 9

16. (a) Informant Mrs. James C. Still
(b) Address 1017 S. McGregor St. Carthage, Mo.
17. (a) Burial (b) Date thereof 11-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

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 Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.
19. (a) 11/25/41 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature R. A. DeBetta (M. D. or not) 11/25/41
Address Carthage, Mo. Date signed _____

41-12-1015

DEC 31 1941

DEC 13 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..... *E. L. ...*

Licensed Embalmer No. *2222*

P. O. Address *Carthage*

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.