

FILED MAY 10 1943

Registration District No. 56

Primary Registration District No. 5902

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Wakenda RFD# 5, Carroll Co. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Robert Staton home, Wakenda, Mo. RFD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day.
(Specify whether
In this community one day.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Carroll.

(c) City or town Tina, Missouri.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EULAH VIVIAN CIRCLE.

3. (b) If veteran, name war 3. (c) Social Security No. 48769-2328

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E.S. Circle, Jr. 6. (c) Age of husband or wife if alive 36. years

7. Birth date of deceased April 2nd, 1914.
(Month) (Day) (Year)

8. AGE: Years 32 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Carroll County Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery clerk.

11. Industry or business

MOTHER FATHER { 12. Name Calvin Henry Stewart.

{ 13. Birthplace Carroll County Missouri.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Bessie Pearl Rea.

{ 15. Birthplace Carroll County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant E.S. Circle Jr.

(b) Address Tina, Missouri.

17. (a) Burial. (b) Date thereof 4/13/1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton,

18. (a) Signature of funeral director Clifford W. Austin,

(b) Address Tina, Missouri.

19. (a) 4-11-1943 (b) Harlan Fisher,
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1943. hour 4:30 minute P. P. M.

21. I hereby certify that I attended the deceased from 4-8-43
19... to 4-9-43 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Supine Pneumonia

Due to Acute Pulm. Infection

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 36

Of autopsy

Duration

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 [Signature] (M. D. or other)

Address Carrollton, Mo. Date signed 4-10-43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-7-43

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

Clifford W. Austin

Registered Apprentice No.

working under my personal supervision.

Signed Clifford W. Austin

Licensed Embalmer No. #3233

P. O. Address Tona, Missouri

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.