

FILED JAN 12 1944

Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 142

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: Stanton Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Pural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arnie Wade Stilwell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joe Stilwell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 23 1861
(Month) (Day) (Year)

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

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

10. Usual occupation at home

11. Industry or business _____

12. Name Unknown

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W E Wade

(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 1-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lilbend Cem

18. (a) Signature of funeral director Standley

(b) Address Carrollton Mo

19. (a) 1-1-44 (b) Mrs James Bell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 30
year 1943 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 25
1943 to Jan 30 1944
that I last saw her alive on Jan 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Right hemiplegia, 3da
by pertermin

Due to old age

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 3da

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. Hamilton (M. D. or other) _____

Address Carrollton Mo Date signed _____

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

MOTHER FATHER

1053

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-11-44

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 Bert W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Mo.

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.