

FILED APR 10 1944
267

Primary Registration District No. **3049**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Pemiscot**
(b) City or town **Hayti Mo.**
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **one day**
In this community **one day**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(d) Street No. **2246 Mullanthy**
(e) Citizen of foreign country? **/** (Yes or No)
If yes, name country **/**

3. (a) PRINT FULL NAME **Joe Ann Stinnett**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **/** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **Sept. 20 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 21 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

11. Industry or business **none**

12. Name **Carl Stinnett**

13. Birthplace **Sikeston Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Eva Southard**

15. Birthplace **Mathews Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carl Stinnett**

(b) Address **2246 Mullanthy St. Louis Mo.**

17. (a) **burial** (b) Date thereof **3/12/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hayti Mo.**

18. (a) Signature of funeral director **Valhalla Funeral Home**

(b) Address **Hayti Mo.**

19. (a) **3/12/44** (b) **J. Johnson**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11**
year **1944** hour **7** minute **0** M.

21. I hereby certify that I attended the deceased from **3-11 1944** to **3-11 1944**
that I last saw him **/** alive on **3-11 1944**
and that death occurred on the date and hour registered above.

Immediate cause of death **Congenital Valvular Heart Disease**

Due to **congenital**

Due to **/**

Other conditions (Include pregnancy within 3 months of death) **1572**

Major findings: Of operations **/**

Of autopsy **/**

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) (c) Means of injury **/**

23. Signature **J. L. Masters** (M. D. or other) **DD**

Address **Hayti Mo.** Date signed **3/11/44**

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

MOTHER FATHER

1327

3-44-56

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 *Jack Kelley*

Licensed Embalmer No. *3788*

P. O. Address *Hayt. 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.