

V. S. No. 2
 OOM-8-43
 Rev. 5-17-39
 I X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED AUG 4 1944

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 25436

Registrar's No. 226

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

1. PLACE OF DEATH:

(a) County PETTIS
 (b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 HOURS
(Specify whether)
 In this community LIFE
years, months or days

3. (a) PRINT FULL NAME EMMA LAVINA STOUT

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife JOSEPH L. 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased 4 - 10 - 1922
(Month) (Day) (Year)

8. AGE: Years 22 Months 2 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name JOHN HULL
 13. Birthplace LaClede-Mo
(City, town, or county) (State or foreign country)

14. Maiden name LIZZIE WILSON
 15. Birthplace NEARDA-KANS. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant JOSEPH L. STOUT
 (b) Address SEDALIA Mo
 17. (a) BURIAL (b) Date thereof 7-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director GILLESPIE
 (b) Address SEDALIA, Mo

19. (a) 7/5/44 (b) Dr. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
 (c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
 (d) Street No. 401 E. 15TH ST.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 3
 year 1944 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 2 1944 to July 3 1944
 that I last saw her alive on July 3 1944
 and that death occurred on the date and hour stated above
 Immediate cause of death Stroke Duration 1 hour

Due to Arteriosclerosis 1 hour
 Due to Pneumonia 1 hour

Other conditions (Include those within 3 months of death) Albuminuria 14901

Major findings: Of operations _____

Of autopsy Wounds inflicted on abdomen filled with pus
fracture of ribs on side of chest

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) (e) Means of injury _____

23. Signature Frank B. Long (M. D. or other) M.D.
 Address Sedalia Mo Date signed 7-5-44

1022 (Licensed Embalmer's Statement on Reverse Side)

SEP 4 1953

RECEIVED

District Health Officer No. 54

District File Number

Date Filed 8-4-53

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 *L. E. Boulestin*

Licensed Embalmer No. *3867*

P. O. Address *Boulestin 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.