

No. 2
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-17-39
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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1894

FILED NOV 15 1944

Registration District No. 4355

Primary Registration District No. 4355

Registrar's No. 42

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution About 38 years (Specify whether years, months or days)
In this community About 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town New Madrid 72
(If outside city or town limits, write "RURAL") 4
(d) Street No. 4
(If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

James Odis Stallings

3. (b) If veteran name year No. 3. (c) Social Security No. No

4. Sex M. 0 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ella Stallings 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased March-28- (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 5 If less than one day hr. min.

9. Birthplace unk. (City, town, or county) Hy 1 (State or foreign country)

10. Usual occupation Farm work

11. Industry or business ✓

MOTHER FATHER
12. Name unk. A
13. Birthplace unk. unk. (City, town, or county) (State or foreign country)
14. Maiden name unk.
15. Birthplace unk. unk. (City, town, or county) (State or foreign country)

16. (a) Informant Everett Stallings

(b) Address New Madrid Mo.
17. (a) Burial (b) Date thereof 10-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (e) Signature of funeral director Richards and Co

(b) Address New Madrid Mo.

19. (a) 10-20-44 (b) Nelver Louk Jones (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1944 hour 7:30 minute a. M.
21. I hereby certify that I attended the deceased from Feb 1 - 1944 to Oct 3rd 1944
that I last saw him alive on Sept 30th 1944 and that death occurred on the date and hour stated above.
Immediate cause of death apoplexy

Due to Hypertension & Nephritis ✓

Due to _____

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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) (e) Means of injury 0

23. Signature A. B. Chandler (M. D. or other) _____
Address New Madrid Mo. Date signed 10/7/44

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

740

1568

RECEIVED

District Health Office No. 2,

District File Number 1144-1535

Date Filed 11-13-44

JUN 19 1945

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 Leo Helguth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.

Registration District No. 238 Primary Registration District No. 4355

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town New Madrid
(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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME James O. Stallings
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 28 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days _____ If less than one day, _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
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 _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Specify whether _____)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Year 1944 Minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death apoplexy

Due to Hypertension & Nephritis
Chronic Nephritis
Due to _____

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

Major findings: _____
Of operations _____
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? _____

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

23. Signature O.B. Chandler (M. D. or other) _____
Address New Madrid Mo Date signed 11/14/44

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

SUPPLEMENTARY

34891