

FILED MAY 2 1947

Registration District No. **274** Primary Registration District No. **3052**

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sealalia
(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 5 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Dresden Mo.
(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 _____

3. (a) PRINT FULL NAME Ida B. Stine

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** Widowed

6. (b) Name of husband or wife Oliver A. Stine **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased September 28 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>6</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Szekiel F. Kemp

13. Birthplace Pettis County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Herndon

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

16. (a) Informant Mary Stine

(b) Address Dresden Mo.

17. (a) Burial, cremation, or removal Burial **(b) Date thereof** 4-13-47
(Month) (Day) (Year)

(c) Place: burial or cremation Dresden Cemetery

18. (a) Signature of funeral director Paul M. Moore

(b) Address LaMonte Mo.

19. (a) 4-15-47 **(b) Betty Yeager**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1947 hour 7:25 minute _____ AM.

21. I hereby certify that I attended the deceased from over 5 years to April 11, 1947 that I last saw her alive on April 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral Hemorrhage - At Hemiplegia</u>	<u>April 5th</u>
Due to <u>Senility</u>	
Due to <u>Arterio Sclerosis - Advanced</u>	<u>5 Years</u>
Other conditions <u>None</u> (Include pregnancy within 3 months of death)	
Major findings:	PHYSICIAN Underline the cause to which death should be charged statistically.
Of operations <u>None</u>	
Of autopsy <u>None</u>	

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence _____

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Jho B. Calver M.D. (M. D. or other) _____

Address Sealalia Mo. **Date signed** 4-12-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-1-47

SEP 2 1947

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.

4-14-47