

FILED NOV 14 1947

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 2286

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Sherman, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jedburg
(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 Missouri (b) County 96
(c) City or town Sherman, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Jedburg
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA STULCE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F. / W. 5. Color or race _____
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Charles Stulce, Dec. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 27 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1947 hour 4: minute 30: P. M.
21. I hereby certify that I attended the deceased from September 17th
1947 to October 27th 1947
that I last saw her alive on October 27th 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Suffocation

8. AGE: Years 70 Months 1 Days 9
If less than one day _____ hr. _____ min.

Due to Pulmonary Hemorrhage
Pulmonary Tuberculosis
Other conditions Mitral regurgitation
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel Brand
13. Birthplace Crawford County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Baker
15. Birthplace Crawford County, Mo.
(City, town, or county) (State or foreign country)

Major findings: 13 B
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Goldie Goff

(b) Address Jedburg, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-8-47
(Month) (Day) (Year)

(c) Place: burial or cremation Cuba, Mo.

18. (a) Signature of funeral director Alexander Bone

(b) Address 6175 Delmar

19. (a) 11-7-47 (Date received local registrar) (b) Benjamin S. [Signature] (Registrar's signature)

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? 2
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Delph W. Saffey (M. D. or other) P.O.
Address Manchester, Mo. Date signed 11/26/47

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.