

FILED MAY 28 1948

Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Benton
(b) City or town WARSAW
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 1 1/2 years, months or days

3. (a) PRINT FULL NAME IDA LEOLA STULL

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

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife John W. Stull 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Dec 26 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>4</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Benton County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name J. W. Suiter

13. Birthplace Benton County MO
(City, town, or county) (State or foreign country)

14. Maiden name IDA SCOTT

15. Birthplace Benton County MO
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Stull

(b) Address Warsaw, MO

17. (a) Burial (b) Date thereof MAY 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Consolidated Cemetery

18. (a) Signature of funeral director RESER FUNERAL HOME

(b) Address WARSAW, MO

19. (a) 5/21/48 (b) Geo. A. Logan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Clair
(c) City or town Warsaw, MO "RURAL" 93
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19
year 1948 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 10 1948 to May 19 1948
that I last saw her alive on May 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage + shock 1 hr

Due to Rupture of Uterus while in labor

Due to Probably at right of a Caesarian operation

Other conditions Not examined not allowed
(Include pregnancy within 5 months of death)

Major findings: Of operations 12/9/48
Of autopsy NO - forbidden by father + husband

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury 200

23. Signature Burchaley (M. D. or other) 200
Address Warsaw, MO Date signed 5/19/48

note:- There was nothing given to stimulate labor
contractions.
Labor was held down by the administration of
sedatives *Burchally DO*

JUL 28 1949

RECEIVED
District Health Officer No. 7,
District File Number *4-48-528*
Date Filed *5-26-48*

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 *John H. Reser*
Licensed Embalmer No. *4098*
P. O. Address *Warsaw*

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.