

Primary Registration District No. 4213

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community 47 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jenny
(c) City or town Montrose
(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

OTIS WM STILL
3. (b) If veteran, name war no
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1948 hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from
3-22 to 3-19 1948
that I last saw him alive on Mar. 19 1948
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Still
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased: July 4 1888
(Month) (Day) (Year)

Immediate cause of death chronic myocarditis
Due to Pulmonary abscess

8. AGE: Years 60 Months 4 Days 15
If less than one day _____ hr. _____ min.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy M

9. Birthplace Vernon Co. Mo
(City, town or county) (State or foreign country)
10. Usual occupation Retail Farmer

11. Industry or business _____
12. Name James A. Still
13. Birthplace Johnson Co. Mo
(City, town or county) (State or foreign country)
14. Maiden name Minnie Mae Corley
15. Birthplace Vernon Co. Mo
(City, town or county) (State or foreign country)

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) (e) Means of injury 0

16. (a) Informant Bertha Still
(b) Address Montrose Mo
17. (a) Burial (b) Date thereof 6-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montrose Cemetery

23. Signature W. E. Bungeard (M. D. or other) MIS
Address Montrose Mo Date signed 6-21-48

18. (a) Signature of funeral director St. Clair
(b) Address Montrose Mo
19. (a) 6-21-48 (b) R. R. Benny
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7

District File Number 5-48-681

Date Filed 6-28-48

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 Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Deepwater 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.