

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2182

FILED JAN 20 1947
Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 418

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(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 Stella Shearin

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

4. Sex F. 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife E. J. Shearin 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept. 1 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63	4	2	hr. _____ min. _____
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9. Birthplace Lawrenston, Ste. Genevieve, Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home maker

11. Industry or business _____

12. Name Henry Anderson, Mo.

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

14. Maiden name Lou Mc. Clananahan

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

16. (a) Informant E. J. Shearin

(b) Address Farmington, Mo.

17. (a) b (b) Date thereof Jan. 6 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roof, Cem. St. Francois

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Mo.

19. (a) 1-6-47 (b) Esther Rudolph
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois 94

(c) City or town Farmington
(If outside city or town limits, write "RURAL") 4

(d) Street No. Fleming
(If rural, give location) /

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 3 day _____ P
year 1947 hour 3:55 minute _____ M.

21. I hereby certify that I attended the deceased from 1941 to Jan 3 1947
that I last saw her alive on Jan 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of neck. Duration 5 years

Due to primary cancer

Due to _____

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

Major findings: Of operations 4-8 PA

Of autopsy no

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? no

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature L. M. Stanford (M. D. or other) MD

Address Farmington Mo Date signed 1/4/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

Number 147-84

1-15-47

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.....

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.