

REC'D MAR 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7439

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township _____ Primary Registration District No. 3039 Registered No. 57
 (c) City Sedalia (d) Street No. 1217 E. 13th St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Birdie Stahl

(a) Residence, No. 1217 E. 13th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel D. Stahl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 3 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden, Missouri13. NAME William McCown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Rhoda Todd16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT S. D. Stahl
(ADDRESS) Sedalia, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smithton, Mo. DATE Feb. 14, 193919. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.20. FILED 2-13- 1939 Mrs Harry Sued
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938 to Feb 13, 1939
 I first saw him alive on Feb 13, 1939. Death is said to have occurred on the date stated above, at 3:10 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute dilatation of the heart

Date of onset

Other contributory causes of importance:

Chronic nephritis
Essential hypertension
Chronic cholecystitisName of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury.....
Nature of injury.....24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) W. Baden Stauffer, M. D.(Address) Sedalia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/6/39

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,

L E Bouldin

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....
L E Bouldin

Licensed Embalmer No. *3867*

P. O. Address *Quaker 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, above space should be left blank.