

39444

State File No.

Registrar's No. 18

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 247

Primary Registration District No. 5343

## 1. PLACE OF DEATH:

- (a) County Dallas  
 (b) City or town Nelson Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (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 NAMEStiebbitt 6523. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex male5. Color or  
race white6. (a) Single, widowed, married,  
divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased Stiebbitt  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

Stiebbitt

hr. \_\_\_\_\_ min.

9. Birthplace Nelson Sup.  
(City, town, or county)Dallas Co., Mo.  
(State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Edgar Lawrence18. Birthplace Schuler Co., Mo.  
(City, town, or county) (State or foreign country)14. Maiden name Blanche Chamberlain15. Birthplace Stone Co., Ark.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ed. Lawrence(b) Address Long Lane, Mo.17. (a) Burial (b) Date thereof 11-6-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Long Lane, Mo.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 12-10-39 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Stiebbitt (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6  
year 1939 hour Stiebbitt minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from  
11-6, 1939, to 11-6, 1939;that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 1939;

and that death occurred on the date and hour stated above.

Immediate cause of death Stiebbitt Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature R.E. Farrell (M. D. or other) \_\_\_\_\_Address Buffalo, Mo. Date signed 11-10-39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1931

RECEIVED

District Health Officer No. 7;

District File Number 12-39-172

Date Filed 12-12-39

---

---

**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, or by.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**