

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

INDEXED JUN 5 1940

Registration District No. 460

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18831

Primary Registration District No. 4274

Registrar's No. 27

1. PLACE OF DEATH:  
(a) County Lafayette  
(b) City or town Higginsville 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) 20  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 43 yrs  
years, months or days)

3. (a) PRINT FULL NAME Gus T Stoll 340

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie Heaton Stoll 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June-25-1865  
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 6 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Jacob Stoll  
18. Birthplace Germany  
(State or foreign country)

14. Maiden name Wilhelmina M. Knopf  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Minnie H. Eldt

(b) Address Higginsville, Mo.

17. (a) Burial (b) Date thereof June 2-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Higginsville, Mo.

18. (a) Signature of funeral director Joseph M. Meischner  
Higginsville, Mo.

(b) Address Higginsville, Mo.

19. (a) 6-2-40 (b) J. J. Russell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lafayette

(c) City or town Higginsville  
(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 May day 31  
year 1940 hour 5 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from March 30, 1940 to May 31, 1940  
that I last saw him alive on May 30, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hyperthrombotic Cardiac-vascular-renal disease & uremia  
Duration 2 wks

Due to 121

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

Other conditions Central hemorrhage  
(Include pregnancy within 6 months of death)  
Bronchitis pneumonia

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? 413

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

28. Signature J. J. Russell (M.D. or D.V.M.)  
Address Higginsville Mo Date signed 6/1/40

PHYSICIAN  
Underline the cause to which death should be charged statistically

RECEIVED  
District Health Officer No. 8  
District File Number 6-17-9  
Date Filed

**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 Roy F. Weigert

Licensed Embalmer No. 2883

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.**