

Registration District No. **318** Primary Registration District No. **2001**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2130 S. Holland
(If out in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **2130 S. Holland**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Kate Stamm**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **10**
year **1940** hour **12:30** minute **A.** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Samuel Stamm** 6. (c) Age of husband or wife if alive **Dec.** years
7. Birth date of deceased **December 9, 1855**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 10**, 19**40**, to **Oct 10**, 19**40**
that I last saw her alive on **Oct 8**, 19**40**
and that death occurred on the date and hour stated above.

8. AGE: Years **84** Months **10** Days **1** If less than one day
hr. _____ min. _____

Immediate cause of death **Myocarditis Chronic Devent Heart**
Due to _____
Due to **A.S.C.**

9. Birthplace **Unknown** (City, town, or county) **Unknown** (State or foreign country)

Other condition **Arteriosclerosis Devent Heart**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy **The autopsy**

10. Usual occupation **In Home**
11. Industry or business **In Home**
12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) **Unknown** (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) **Unknown** (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? **At H**
While at work? _____ (Specify type of place)
(e) Means of injury _____

16. (a) Informant **Louis Bernhardt**
(b) Address **2130 S. Holland, Springfield**
17. (a) **Removal** (b) Date thereof **10-13-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kansas City, Mo**
18. (a) Signature of funeral director **Almy Schmeyer**
(b) Address **Springfield, Mo**
19. (a) **10/13/40** (b) **W. E. Handley, MD**
(Data received local registrar) (Registrar's signature)

23. Signature **W. E. Handley MD** (M. D. or other) **1**
Address **430 S. Oak Ave Springfield** Date signed **Oct 10, 1940**

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

MOTHER FATHER

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, fact should be so stated above.

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