

DEC 7 - 1940

29

Primary Registration District No. **5020**

Registrar's No. **32**

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

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Cato, Missouri**
(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 _____
In this community **35** years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Cato, Missouri**
(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.

3. (a) PRINT FULL NAME **EDGAR William Stumpf**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie Stumpf** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **August 19, 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	10	17	hr. _____ min.

9. Birthplace **Johnson County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Postmaster of Cato P. O.**

MOTHER - FATHER

11. Industry or business _____
12. Name **Francis Stumpf**

13. Birthplace _____ **Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Moore**

15. Birthplace _____ **Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Olen Stumpf**
(b) Address **Cato, Missouri**

17. (a) **Burial** (b) Date thereof **July 8, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mineral Springs, Cem.**

18. (a) Signature of funeral director **Horine-Culver**
(b) Address **Cassville, Missouri**

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6th.**
year **1940** hour **3:00** minute **A. M.**

21. I hereby certify that I attended the deceased from **8-30-39**
19____ to **5-6** 19____
that I last saw him alive on **5-3** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **8 days**

Due to **Cancer of Prostate Gland.**

Due to **51**

Other conditions **Bone Metastasis** 30 days
(Include pregnancy within 3 months of death)

Major findings: Of operations **Ca. Prostate Gland**

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?
30 (Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature **Blow Newman** (M. D.)
Address **Cassville, Mo.** Date signed **12-40**

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

R. Gordon Bennett

, Registered Apprentice No. *25-0*

working under my personal supervision.

Signed

G. E. Culver

Licensed Embalmer No.

35-84

P. O. Address

Cassville 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38047
Registrar's No. 32

Registration District No. 29

Primary Registration District No. 5038

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

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Flat Creek
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry
(c) City or town Cato
(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.

3. (a) PRINT FULL NAME Wm Edgar Stumpf
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month 7 day 16
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Minnie 6. (c) Age of husband, or wife, if alive _____ year
7. Birth date of deceased 8 (Month) 19 (Day) 1940 (Year)

Immediate cause of death uremia

8. AGE: Years 73 Months 10 Days 17 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions Bone metastasis
(Include pregnancy within 3 months of death)

10. Usual occupation post master of Cato

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Francis Stumpf
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Sarah Moore
15. Birthplace _____ (City, town, or county) _____ (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? _____
(Specify type of place) _____
While at work? _____ (Specify type of place) _____
Means of injury _____

16. (a) Informant Michael Stumpf
(b) Address Cato Mo

23. Signature Geo. H. Newsome
Address Cassville Date signed _____

17. (a) Burial (b) Date thereof 7-8-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mineral Springs Cem

18. (a) Signature of funeral director Jarvis Culver
(b) Address Cassville Mo

19. (a) Feb 1, 1941 (b) Geo. W. Neuman, M.D.
(Date received local registrar) (Registrar's signature) (City, State)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

