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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3774

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 16

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pettis 80
(c) City or town: Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No.: 1200 So. Stewart 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: MRS. EDNA CARRY STOBER
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Geo. M. Stober
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: March 8 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	10	3	hr. min.

9. Birthplace: Republic (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: August Carry
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Roesing
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Opal Abney
(b) Address: Sedalia Mo.
17. (a) Jan 13-1941 (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) Burial
(c) Place: burial or cremation: Sedalia, Mo.
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Mo.
19. (a) 1/13/41 (Date received local registrar) (b) Mrs. Harry Stanford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th year 1941 hour 2 minutes 900 A. M.
21. I hereby certify that I attended the deceased from Jan 9th 1941, to Jan 11th 1941, that I last saw her alive on 1-11 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 days
Due to Hypertension	6 yr
Due to Interstitial Nephritis	10 yrs
Other conditions: Normal pregnancy 12/1/40	

Major findings:
Of operations: Cervical Fibroid, Hemiplegia left side
Of autopsy: None

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

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? (e) Means of injury:
23. Signature: C. B. Schlueter (M. D. coroner)
Address: Sedalia Date signed 1-13-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bohling
1205 W. 5th

1500 So. Kent.

RECEIVED
District Health Officer No. 8,
District File Number 9-10-71
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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.