

No. 2  
4-13-40  
5-17-39  
PI X23150

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4028

State File No. \_\_\_\_\_

Registration District No. 744

Primary Registration District No. 5976B

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Henrietta Mo.  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution home  
In this community all life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray  
(c) City or town Henrietta  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Alice Stigall

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 18 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Duties

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

12. -Name Frank Moyer

13. Birthplace Bonner Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Oliver Hull

15. Birthplace Bonner Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Guss Stigall

(b) Address Henrietta Mo.

17. (a) Burial (b) Date thereof Jan. 16, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Craven Cemetery

18. (a) Signature of funeral director E. Thurman

(b) Address Richmond Mo.

19. (a) Jan 16-41 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14  
year 1941 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from October 1938  
to Jan 14th 1941, 19\_\_\_\_;  
that I last saw h. e. r. alive on January 14th 1941, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arterial Wall Condition

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

Other conditions g. n. v.  
(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 D. J. Smith (M. D. or other) M.D.  
Address Henrietta, Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9  
0  
0

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 2-13-41

**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 *E. J. Friedman*  
Licensed Embalmer No. 2073  
P. O. Address Richmond?

**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.**