No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6944

MAR 11 1941 318

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 130

39
2
6

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

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: 958 S. Weller 1
(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 Missouri (b) County Greene 39
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 958 S. Weller 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louisa J. Stutzman

3. (b) If veteran, name war None

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 Frank Stutzman

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased August (Month) 7, (Day) 1859 (Year)

8. AGE: Years 81 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 2 Canada (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name Robert Crosthwait
13. Birthplace Unknown (City, town, or county) 4 England (State or foreign country)

MOTHER
14. Maiden name Liza Tricker
15. Birthplace Unknown (City, town, or county) 4 England (State or foreign country)

16. (a) Informant Mrs. Alta Hasten
(b) Address 958 S. Weller, City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 2-15-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RPB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1941 hour 5:25 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 1, 1939, to Feb. 13, 1941; that I last saw her alive on Feb. 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Pneumonia, bronchial
Due to Arterio-Sclerosis
Due to Arterial Hypertension

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations None
Of autopsy no

Duration

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? 0 0 4 (Specify type of place)
While at work? (e) Means of injury

23. Signature Ronald F. Elkins (M. D. or other) MD
Address Springfield Mo Date signed 2-17-41

(Licensed Embalmer's Statement on Reverse Side)

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 Wayne L. Hinkle

Licensed Embalmer No. 3444

P. O. Address Springfield Ma

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.