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DEPARTMENT OF COMMERCE **FILED JUN 9 1941** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

State File No. **18254**

Registration District No. **470** Primary Registration District No. **4283** Registrar's No. **86**

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(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)
In this community 17 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Lawrence
(c) City or town Mt. Vernon, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Stauffer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year 1941 hour 4 minute 20 A M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kittie 6. (c) Age of husband or wife if alive 64 years

21. I hereby certify that I attended the deceased from _____ 1941 to May 28 1941
that I last saw him live on May 26 1941 and that death occurred on the date and hour stated above.

7. Birth date of deceased Aug 1 1874
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis and myocardial degeneration
Duration one year +

8. AGE: Years 66 Months 9 Days 28 If less than one day _____ hr. _____ min.

Due to _____
Due to 9 27
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Dechard, Penn (City, town, or county) (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Frederick Stauffer
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Anna Roggli
15. Birthplace Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant Nette Stauffer
(b) Address Mt. Vernon, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cem
18. (a) Signature of funeral director H. D. Fessett
(b) Address Mt. Vernon, Mo
19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

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? 4 27
(Specify type of place) _____ (e) Means of injury _____
While at work? PCP Holmes
23. Signature PCP Holmes (M. D. or other) 0
Address Mt. Vernon, Mo Date signed 5-29-41

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

330

RECEIVED

District Health Officer No. 61

District File Number 641-872

Date Filed JUN 6 1941

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.....

Max L Fassett....., Registered Apprentice No. 268
working under my personal supervision.

Signed H. D. Fassett.....

Licensed Embalmer No. 2201.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 470

Primary Registration District No. 4283

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town not Vernon
(If outside city or town limits, write "RURAL" and name of township)
(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

3. (a) PRINT FULL NAME Fred Stauffer

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Infantant _____ (b) Address _____

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

(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 5-29-1941 (b) P. A. Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr

Due to _____

Due to _____

Other conditions _____ (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 P. A. Holmes (M. D. or other) _____
Address not Vernon 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

SUPPLEMENTARY

