

BUREAU OF THE CENSUS
FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28132

State File No. _____

Registration District No. 218

Primary Registration District No. 3015-

Registrar's No. 105

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: COOPER COUNTY HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YEARS
In this community 5 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 13th
year 1941 hour 5 minute p.m.
21. I hereby certify that I attended the deceased from Jan 26
1940 to Aug 13, 1941;
that I last saw him alive on Aug 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis
Duration unknown
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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

3. (a) PRINT FULLNAME JOHN STAUFFER

3. (b) If veteran, name, war (NONE) 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased APRIL 15 - 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business FARM

12. Name ENGLEHARDT STAUFFER

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

14. Maiden name UNKNOWN

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

16. (a) Informant COUNTY RECORDS

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof 8/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) 8-24-41 (b) John Stauffer 1941
(Date received local registrar) (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?

While at work? _____ (Specify type of place)
(e) Means of injury 10

23. Signature J. C. Tincher M.D. (M. D. or other) M.D.
Address Boonville mo Date signed Aug 13-41

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

7
1
2

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-11-41

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 *James W. Stegner*
Licensed Embalmer No. *3780*
P. O. Address *Boonville, 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, fact should be so stated above.