

FILED DEC 11 1941

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.E. Mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural 16
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME TOMMIE UGERT STALLER

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 0

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

7. Birth date of deceased June 19 1931
(Month) (Day) (Year)

8. AGE: Years 10 Months 4 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation School Boy

11. Industry or business _____

12. Name Harvey A Staller

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

14. Maiden name Edna Masters

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

16. (a) Informant's own signature Harvey A Staller

(b) Address Millamade Mo

17. (a) Buried (b) Date thereof Nov 4 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedgewickville Mo

18. (a) Signature of funeral director McBunk & Co

(b) Address Jackson Mo

19. (a) 11-4-41 (b) F. McChalper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day Nov
year 1941 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Nov 1 1941 to Nov 2 1941
that I last saw him alive on Nov 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
apoplexy
apoplexy

Due to apoplexy

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: apoplexy
Of operations _____

Of autopsy _____

Duration

8 days

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature F. McChalper (M. D. or other) _____

Address Jackson Mo Date signed 11-2-41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Thos. A. Allen*

Licensed Embalmer No. *4053-*

P. O. Address *Jaerson*

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, above space should be left blank.