

FILED APR 28 1942

Registration District No. **135**

Primary Registration District No. **5217**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Rural Dolan Twp**
(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 **Ernest Stevenson Stoddard**

3. (b) If veteran, name war **1st World War** 3. (c) Social Security No. **487-05-3112**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Catherine Franzen Stoddard** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **Oct 12 1892**
(Month) (Day) (Year)

8. AGE: Years **49** Months **6** Days **11** If less than one day hr. **4** min.

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

10. Usual occupation **Worked at home & farm**

11. Industry or business

12. Name **William F. Stoddard**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca A. Charles**

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

16. (a) Informant **Francis Stoddard**
(b) Address **Regular Mo R 1**

17. (a) **Burial** (b) Date thereof **Apr 26 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Orient Cemetery**
RUNNENBURGER'S

18. (a) Signature of funeral director **MARGARET VOLLE**
(b) Address **HARRISONVILLE, MO**

19. (a) **April 25 1942** (b) **Margaret Volle**
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 miles North Freeman**
(If rural, give location) **0 Mo**
(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23**
112 year **1942** hour **4** minute **P** M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Broken neck, crushing injury right chest, embolism of brain**
Due to **Brain**

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

Major findings: Of operations **176-6**
Of autopsy **3**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **April 23, 1942**
(c) Where did injury occur? **BA Freeman Cass Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **on farm**

While at work? **Yes** (Specify type of place) (e) Means of injury **Tractor**

23. Signature **W. Stoddard** (M. D. or other)
Address **Harrisonville, Mo** Date signed **4-25-42**

(Licensed Embalmer's Statement on Reverse Side) **Coroner**

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

900

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 7 1945

APR 30 1945

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 Ernest Remmenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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, above space should be left blank.