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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20750

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 65-9

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
515 E. Hyde Park Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 515 E. Hyde Park Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matilda Stotler
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles H. Stotler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 27, 1846 (Month) (Day) (Year)

8. AGE: Years 95 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Hawkins County (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own home
FATHER
12. Name William H. Chapman
13. Birthplace Unknown (City, town, or county) New Hampshire (State or foreign country)
MOTHER
14. Maiden name Anna Poland
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Minnie Hempy
(b) Address 515 E. Hyde Park Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cem.
18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) 6-30-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1942 hour 1 minute 00 a M.
21. I hereby certify that I attended the deceased from 4-4, 1942 to 6-14, 1942;
that I last saw her alive on 6-14-42, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemmgr. Duration Years
Due to
Due to
Other conditions Senile
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Will W Grove (M. D. or other) D.O.
Address St Joseph, Mo Date signed

1233 (Licensed Embalmer's Statement on Reverse Side) July-1-42

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 6/29/42

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 1238

P. O. Address St Joseph 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.