

FILED JUL 15 1942

State File No.

Registration District No. 2481

Primary Registration District No. 5344

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Rural Liberty Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Daviess County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days)

In this community
years, months or days

3. (a) PRINT FULL NAME Charles S. Stouchman

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 Widowed

6. (b) Name of husband or wife Mary Jane Stouchman

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

7. Birth date of deceased November 11 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>25</u>	<u> </u> hr. <u> </u> min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Margaret Myers

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

16. (a) Informant Peoria Dungan

(b) Address Gallatin, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 6-9-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Crab Orchard Cem.

18. (a) Signature of funeral director Hope Turu. Trust Co

(b) Address Gallatin, Mo.

19. (a) 6-6-1942 (Date received local registrar)

(b) R. O. Richardson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles N.W. Gallatin
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1942 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 1942 to June 6, 1942
that I last saw him alive on June 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulonephritis 1 yr.
Myocardial Regeneration 1 yr.

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 Floyd C. Nelson (M. D. or other)

Address Gallatin, Mo. Date signed 6-6-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

L. O. Pichessou

Licensed Embalmer No.

3302

P. O. Address

Gallatin, 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.