

FILED AUG 12 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25426

Do not use this space.

1. PLACE OF DEATH

(a) County Selma Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3238
 (c) City Marshall (d) Street No. 1 Registered No. 127
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Nellie S. Stutger
 (a) Residence, No. Kansas City, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode. If no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 1 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 11 29

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas City, Mo.

FATHER

13. NAME Nellie Stutger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

MOTHER

15. MAIDEN NAME Marie Foreman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Pa.

17. INFORMANT (ADDRESS)

Quora, Mo. State School

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kansas City, Mo. DATE July 28, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Flowers, Marshall, Mo.20. FILED 6-27 1942 Mo. T. Oberholtzer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1942

22. I HEREBY CERTIFY, that I attended deceased from July 7, 1942, to July 26, 1942
 I last saw her alive on July 24, 1942. Death is said to have occurred on the date stated above, at 5:12 m.
 The principal cause of death and related causes of importance were as follows:
Bright's Disease

Date of onset

1926

Other contributory causes of importance:

Name of operation Subclucal Date of 2/28
 What test confirmed diagnosis? Subclucal Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) L. S. James, M. D.
 (Address) Marshall, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-10-42



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

Registered Apprentice No. _____, working under my personal supervision.

Signed

J. Galie Murray

Licensed Embalmer No. 3235

P. O. Address Marshall St

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25426

Registration District No. 796

Primary Registration District No. 796

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Salem
(b) City or town Marshall
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nellie Stutzer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

35

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(Date received local registrar)

(b) _____

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I or my h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease Duration 1926

Due to Pylitis

Due to Probably to Rheumatic fever

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.

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

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

Address _____ Date signed _____

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

SUPPLEMENTARY

[The page contains extremely faint and illegible text, likely a scan of a document with very low contrast or significant fading. No specific words or structures are discernible.]