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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 10 1942

Registration District No. 374

Primary Registration District No. 6273

Registrar's No. _____

1. PLACE OF DEATH:

(a) County North

(b) City or town Rural (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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North

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

(d) Street No. Frank City (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES EUGENE STABE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 42 hour _____ minute _____ 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.

4. Sex MD

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 15, 1941 (Month) (Day) (Year)

Immediate cause of death Drowning

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 183 13 179 11

8. AGE: Years _____ Months 2 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Henry Stabe

13. Birthplace Budgeton Mo. 11 (City, town, or county) (State or foreign country)

14. Maiden name Rebel Stabe

15. Birthplace Frank City Mo. 11 (City, town, or county) (State or foreign country)

16. (a) Informant Henry Stabe

(b) Address Frank City Mo.

17. (a) Rural (b) Date thereof 7-2-42 (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director Archie S. Dunfee

(b) Address Frank City Mo.

19. (a) Aug 3, 1942 (Date received local registrar) (b) Archie S. Dunfee (Registrar's signature)

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 Archie S. Dunfee (M. D. or other) _____

Address Frank City Date signed 7-3-42

1104 (Licensed Embalmer's Statement on Reverse Side)

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

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..... *Arch C. Dunfee*

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.