

FILED NOV 6 1942

State File No. \_\_\_\_\_

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Salem  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
x /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community all his life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent  
(c) City or town Salem  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Larry Wayne Stagner

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced baby

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 29 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation X

11. Industry or business X

MOTHER FATHER { 12. Name Clarence Stagner  
13. Birthplace Dent Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mable A Parker  
15. Birthplace Fillmore Co Neb  
(City, town, or county) (State or foreign country)

16. (a) Informant W. Larena Stagner  
(b) Address Salem Mo

17. (a) burial (b) Date thereof 10/19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dyr Fork Cem

18. (a) Signature of funeral director [Signature]  
(b) Address Salem Mo

19. (a) 10-16-42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 17  
year 1942 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from 10-12, 1942, to 10-17, 1942,  
that I last saw him alive on 10-17, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea & Enteritis Duration 3 wks.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1190

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 2

23. Signature D R H Kohler (M. D. or other) DO  
Address Salem, Mo. Date signed 10-19-42

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

33  
1  
1

RECEIVED

District Health Officer No. 5  
District File Number 1142928  
Date Filed 10-4-42

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

Licensed Embalmer No.

P. O. Address

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.