

FILED NOV 4 1942

State File No.

Registration District No. 208

Primary Registration District No. 5762

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Durham O.P.R.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none Round Grove
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 4 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County Ziggian
(c) City or town Durham Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Round Grove Imp.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry Howard Stambaugh

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unknown

7. Birth date of deceased Aug. 5 (Month) (Day) (Year) 1875

8. AGE: Years 67 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Rushville (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Michael Stambaugh

13. Birthplace Hannover (City, town, or county) Penn. (State or foreign country)

14. Maiden name Louisa Schmide

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

16. (a) Informant Floyd R. Stambaugh

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/42 (Month) (Day) (Year)

(c) Place: burial or cremation Stephensville

18. (a) Signature of funeral director C. H. Chambers

(b) Address Waynesville, Mo.

19. (a) 10/31/42 (Date received local registrar) (b) Miss Margaret Maddox (Deputy Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3 year 1942 hour 12 minute 35 AM

21. I hereby certify that I attended the deceased from SEPT 27 1942 to SEPT 3 1942

that I last saw him alive on SEPT 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death APOPLEXY

Due to ARTERIO SCLEROSIS

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

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) Means of injury 0

23. Signature W. L. Ellen (M. D. or other)

Address LA GRANGE MO. Date signed 10/3/42

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

MOTHER FATHER

1145 (Licensed Embalmer's Statement on Reverse Side)

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

A. H. Chambers

Licensed Embalmer No.

3766

P. O. Address

Waywood

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.