

FILED NOV 6 1942

Registration District No. 290

Primary Registration District No. 5903

Registrar's No. 110

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

1. PLACE OF DEATH:

(a) County Pulaski Cullen

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community. 1 year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME Oscar Leo Stoll

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6  
year 1942 hour 2 minute 15 P. M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased March 3 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
never, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him live on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Amorphous 10 min

Due to Cancer Stomach 1 yr

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

10. Usual occupation Salesman

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

Other conditions (Include pregnancy within 3 months of death) 46 lb

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name August Elmer Stoll

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

14. Maiden name Unknown

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. R. H. Schuermann

(b) Address Devils Elbow, Mo.

17. (a) Removal (b) Date thereof Oct. 6, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director J. L. HOOPS & SONS

(b) Address Crocker, Mo.

19. (a) 10-16-1942 (b) John M. Wood  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury 0 m

23. Signature J. M. Wood  
Address Crocker, Mo. Date signed 10-6-42

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1170

RECEIVED

Pulaski County Health Officer

File Number 11-42-194

Date Filed 11-5-42

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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 Paul B. Hooper  
Licensed Embalmer No. 3261  
P. O. Address Waynesville, 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.