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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35040

State File No. .....

Registration District No. 352 Primary Registration District No. ~~6190~~ 4517 Registrar's No. 40

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Branson Mo
(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 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney 106 1 0

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

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

(e) Citizen of foreign country? ..... (~~Yes~~ or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME John Morgan Stoffle

3. (b) If veteran, name war No.

(c) Social Security No. .....

4. Sex .....

5. Color or race 0

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Nov. (Month) 1 (Day) 1872 (Year)

8. AGE: Years 70 Months 10 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Lathrop (City, town, or county) 0 (State or foreign country)

10. Usual occupation Miner

11. Industry or business .....

FATHER
12. Name Jacob Henry Stoffle
13. Birthplace Lathrop (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Gertrude Randolph
15. Birthplace ..... (City, town, or county) Iowa 1. (State or foreign country)

16. (a) Informant Mrs H. B. Keeton

(b) Address Springfield, Mo.

17. (a) ..... (Burial, ~~cremation or removal~~) (b) Date thereof Sept 27 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Branson, Mo

18. (a) Signature of funeral director Minnie J Whitehead

(b) Address Branson Mo

19. (a) Sept 28/42 (Date received local registrar) (b) Mary Mueller (Registrar's signature)

1106

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1942 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 20, 1942 to Sept 24, 1942 that I last saw him alive on Sept 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Uremia Poisoning

Due to High Blood Pressure

Due to .....

Other conditions Auto-intoxication
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 a

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? —
(Specify type of place)

While at work? — Means of injury —

23. Signature Guy B. Mitchell (M. D. ~~or other~~)

Address Branson, Mo Date signed 9-28-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1142-1517
Date Filed NOV 3 1942

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 Minnie L. Whelchel
Licensed Embalmer No. 2277
P. O. Address Branson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
4—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35040

Registration District No. 852 Primary Registration District No. 4517 Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County: Taney

(b) City or town: Branson

(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 years, months or days)

In this community

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: John Morgan Staffle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: W

6. (a) ~~Single~~, widowed, ~~married~~ divorced: W

6. (b) Name of husband or wife: Don't Know

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

7. Birth date of deceased: Nov (Month) 1 (Day) 1872 (Year)

8. AGE: Years 70 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (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 Sept. day 24 year 1942 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.

	Duration
Immediate cause of death	
Due to	
Due to	
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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

35040