

1-4-41
5-17-39
PI X26390

FILED DEC 10 1942 275

Primary Registration District No. 3053

Registrar's No. 172120

1. PLACE OF DEATH:

(a) County Phelps

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

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

(d) Street No. Route 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Staggsdill

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 1, year 1942 hour 11 1/2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 12 1942 to November 1st 1942
that I last saw him alive on Nov 1st 1942 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Feb 11 1896
(Month) (Day) (Year)

Immediate cause of death Bright's disease ✓

Duration _____

8. AGE: Years 66 Months 8 Days 20 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Farming

11. Industry or business _____

12. Name Richard Staggsdill

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

14. Maiden name Janice

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

16. (a) Informant Mrs Lawrence Staggsdill

(b) Address Reese Route 2

17. (a) Burial (b) Date thereof 11-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camp Green

18. (a) Signature of funeral director Walter Dyer

(b) Address Reese Mo

19. (a) 11-3-42 (b) Ellis Walker
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Ellis Walker (M. D. or other) _____

Address Reese Mo Date signed 11/3/42

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

81
22

81
0

0

Duration

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 WU
....., Registered Apprentice No.
working under my personal supervision.

Signed S. L. Reed
Licensed Embalmer No. 339
P. O. Address Reed W

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37793
Registrar's No. 120

Registration District No. 275

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Thomas Stogsdell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 11 1870
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 20 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) mo.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I first saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above and immediate cause of death Bright's Disease (chronic)

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

1214

Thomas Stogsdell
Rolla Mo.

