

S. No. 2
DM-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN - 9 1943

Registration District No. 101

Primary Registration District No. 5440

Registrar's No. 834

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Dora
(If outside city or town limits, write "RURAL" and name of township) and Richland
(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.....
In this community.....
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State #02ark# Mo. (b) County Douglas
(c) City or town Dora Rural
(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 Alexander Stamper

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Mary E. Stamper 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased September 28 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Lexington, Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER

12. Name Ira Stamper
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Soda Stamper
(b) Address Dora, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Stamper cemetery

18. (a) Signature of funeral director Clinkingbeard Funeral Home (Specify type of place) (b) Address Ava, Missouri (c) Means of injury.....

19. (a) 1-5-43 (Date received local registrar) (b) Shelma S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1942 hour 3 minute 36 P. M.

21. I hereby certify that I attended the deceased from..... 19..... to 12-2-1942
that I last saw him alive on 12-2-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic nephritis

Due to Hypertension
Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations 12/18
Of autopsy.....

Duration
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?

23. Signature M. S. Gentry (M. D. or other) Address Ava, Mo. Date signed 12-8-42

Dr. M. C. Gentry

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..... *W. B. Hutchison*

Licensed Embalmer No. *3481*

P. O. Address..... *Over 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.