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Registration District No. **D. App 15 1943 100**

Primary Registration District No. **3018**

Registrar's No. **106**

**1. PLACE OF DEATH:**  
 (a) County Dent  
 (b) City or town Salem  
(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 X (Specify whether  
 In this community most of her life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Dent  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. X (If rural, give location)  
 (e) Citizen of foreign country? X (Yes or No)  
 If yes, name country X

**3. (a) PRINT FULL NAME** Mary Martha Stagner  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. X

4. Sex female 5. Color or race W  
 6. (a) Single, widowed, married, Widowed  
2 divorced  
 6. (b) Name of husband or wife Wm Stagner  
 6. (c) Age of husband or wife if alive X years  
 7. Birth date of deceased March 8 1888  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
85 - 23 hr. min.

9. Birthplace Bowlinggreen Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business X

12. Name Grider

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

14. Maiden name 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Owett Stagner

(b) Address Salem Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 3 / 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Dry Fork Cem

18. (a) Signature of funeral director [Signature]

(b) Address Salem Mo

19. (a) 4-2-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 1  
 year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from April 1 1943 to April 1 1943  
 that I last saw h. er alive on Never and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertension

Due to [Signature]

Other conditions [Signature]  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations [Signature]

Of autopsy [Signature]

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? [Signature] (Specify type of place) (e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other)

Address Salem Date signed 4-2-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

1177

RECEIVED

District Health Officer No. 5,

District File Number 443244

Date Filed 4-12-43

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 *Carl K. Hunter*  
Licensed Embalmer No. 2370  
P. O. Address *Palmer, 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.