

14686

State File No.

Registrar's No. **35**DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHRegistration District No. **172**Primary Registration District No. **5640**No. 2
5-42
5-17-39

FILED MAY 10 1943

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

1. PLACE OF DEATH:

(a) County **Lafayette**
 (b) City or town **Higginsville, Mo. (rural)**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 1/2 mi. S. Higginsville
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **All his life** (Specify whether years, months or days)

3. (a) **PAINT** FULL NAME **Millford B Stoll**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Fetter Stoll** 6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **Feb 4th 1907**
 (Month) (Day) (Year)

8. AGE: **36** Years **2** Months **14** Days
 If less than one day hr. min.

9. Birthplace **Higginsville, Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **J. C. Stoll**

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

14. Maiden name **Bertha Barney**

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

16. (a) Informant **Anna Fetter Stoll**

(b) Address **Higginsville, MO.**

17. (a) **Burial** (b) Date thereof **4-19-1943**
 (Burial, cremation, or interment) (Month) (Day) (Year)

(c) Place: burial or cremation **BRAND Cemetery**

18. (a) Signature of funeral director **A. H. Hader**

(b) Address **Higginsville, Mo.**

19. (a) **4-17-1943** (b) **Dr. W. A. Braecklein**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette**
 (c) City or town **Higginsville**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Davis Township**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16**
 year **1943** hour **6** minutes **45 P** M.

21. I hereby certify that I attended the deceased from **called in**
official capacity as coroner 19...;
 that I last saw him alive on 19...;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Accident, Trauma** Duration
Turned over pinning decedent
Under steering wheel
Crushing injury to chest
Passive yr. neck

Due to **1750-4**
3

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **3**

Of autopsy **no 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) **accident 7054**

(b) Date of occurrence **4-16-43**

(c) Where did injury occur? **Higginsville Lafayette Mo**
 (City or town) (County) (State)

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

(Specify type of place) While at work? **Tractor w/ fuel**
 (e) Means of injury **Carney**

23. Signature **Dr. W. A. Braecklein** (M. D. or other) **MD**

Address **0128th St** Date signed **4/16/43**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-2-42

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 Robert R. Phelps

Licensed Embalmer No. 4284

P. O. Address Higginsville, 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.