

FILED JUL 7 1943 32
Registration District No.

Primary Registration District No. 5112

1. PLACE OF DEATH:
(a) County **Bollinger**
(b) City or town **Rural Lorraine Twp.**
(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 **Lifetime** years, months or days

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

3. (a) PRINT FULL NAME **Albert Hayes Stamm**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **8th**
year **1943** hour **1:00** minute **30** A. M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lillie Stamm**
6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **Nov. 28 1864**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on **6/7/43**
and that death occurred on the date and hour stated above.

8. AGE: Years **78** Months **6** Days **10**
If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary Decomposition**
Due to **Cerebral Hemorrhage**

9. Birthplace **Graves Co. Kentucky**
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Includes pregnancy within 3 months of death) **gza!**

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Christian Stamm**

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

14. Maiden name **Caroline Shaffer**

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

16. (a) Informant **Lillie Stamm**
(b) Address **Lutesville, Mo.**

17. (a) **Burial** (b) Date thereof **June 10, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Glen Allen, Mo.**

18. (a) Signature of funeral director **Baker Funeral Home**
(b) Address **Lutesville, Mo. J.C. Graham**

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 **J. H. ...** (M. D. or other)
Address **Lutesville** Date signed **6/8/43**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 743-235
Date Filed 7-6-43

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 *S. E. Graham*

Licensed Embalmer No. 4010

P. O. Address *Lebanon, 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.