

FILED JUN 29 1943

Primary Registration District No. 1000

Registrar's No. 685

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Mercy Hospital
(d) Length of stay: In hospital or institution 10 days
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1014 South 11th.
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Clifford Stagg

3. (b) If veteran, name war No 3. (c) Social Security No. 499-20-3938

4. Sex male Color or race white
5. Color or race white
6. (a) Single, widowed, married, divorced, or married
6. (b) Name of husband or wife Lillie M. Stagg
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased August 27 1882

8. AGE: Years 60 Months 7 Days 24 If less than one day

9. Birthplace Iowa City Iowa

10. Usual occupation Maintenance Man

11. Industry or business Serum Company

12. Name Samuel Stagg

13. Birthplace Unknown Unknown

14. Maiden name Hattie Hartsock

15. Birthplace Unknown Unknown

16. (a) Informant Lillie M. Stagg

(b) Address 1014 So. 11th. St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6-24-1943

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoff

(b) Address 13th. Faraon St., St. Joseph, Mo.

19. (a) 6-24-43 (b) Rose Heizing

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1943 hour 12 minute 3 P. M.

21. I hereby certify that I attended the deceased from Jan 11 1943 to June 21 1943
that I last saw him alive on June 21 and that death occurred on the date and hour stated above.
Immediate cause of death: Indolent Fever

Due to: Pneumonia

Due to: _____

Other conditions: _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

While at work? _____

23. Signature O. J. Weis (M.D. or other) DO

Address St. Joseph, Mo. Date signed 6/23/43

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

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 *Geo. E. Daniel*.....

Licensed Embalmer No. *3300 Missouri*.....

P. O. Address *St. Joseph, Missouri*.....

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.