

FILED OCT 13 1943

State File No. \_\_\_\_\_

Registration District No. 70

Primary Registration District No. 3002

Registrar's No. 135

1. PLACE OF DEATH:  
 (a) County Audrain  
 (b) City or town Mexico  
 (If outside city or town limits, write "RURAL" and name of township)  
 2(c) Name of hospital or institution:  
Audrain Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 da.  
 (Specify whether  
 In this community 1 Year  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Audrain  
 (c) City or town Mexico  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 708 E. Liberty  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cecil Stotler

3. (b) If veteran, name war No 3. (c) Social Security No. 498-09-9888

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Clarence O. Stotler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb. 6, 1882  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 7 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Middletown, Mo. \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Sa. K. Cowan

13. Birthplace DK \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

14. Maiden name Nancy J. Klinger

15. Birthplace DK \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant C. O. Stotler

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 10/3/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown, Mo.

18. (a) Signature of funeral director C. O. Stotler

(b) Address Mexico, Missouri

19. (a) Oct-2-1943 (b) Margaret H. Mabe  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2  
 year 1943 hour 3 minute 34 a.m.

21. I hereby certify that I attended the deceased from Oct 1, 1943, to Oct 1, 1943  
 that I last saw her alive on Oct 1, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Tabar 5 days

Due to Pneumonia chr.

Due to \_\_\_\_\_

Other conditions 108  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 5 days  
 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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. Williams (M. D. or other) M.D.

Address Mexico Mo Date signed 10-2-43

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

29  
 1/13/43

1074

OCT 13 1948

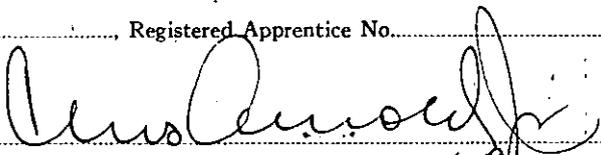
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No.....

3569

P. O. Address.....

Trustees Inc.

**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.**