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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31464

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 321

1. PLACE OF DEATH:

(a) County: Clay
(b) City or town: Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Springs Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: yes (Specify whether years, months or days)
In this community: no

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay
(c) City or town: Excelsior Springs (If outside city or town limits, write "RURAL")
(d) Street No.: 334 High Bluff (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: (BABY) STACK

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

4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: no
6. (b) Name of husband or wife: no
6. (c) Age of husband or wife if alive: no years
7. Birth date of deceased: Sept. (Month) 2 (Day) 1943 (Year)

8. AGE: Years: Live Birth; Months; Days; If less than one day: hr. 10 min.

9. Birthplace: Excelsior Springs (City, town, or county) Mo (State or foreign country)
10. Usual occupation: none
11. Industry or business: none

MOTHER
12. Name: Mrs Stack
13. Birthplace: Orrick (City, town, or county) Mo (State or foreign country)

FATHER
14. Maiden name: Fay Mockluee
15. Birthplace: Springfield (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs Stack
(b) Address: 334 High Bluff E. Sp.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem Cemetery
18. (a) Signature of funeral director: Herbert Hoge
(b) Address: Excelsior Springs
19. (a) 9-3-43 (Date received by local registrar) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 2 day year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 2, 1943, to Sept. 2, 1943 that I last saw him alive on Sept. 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: 1 Manch Lab
Due to: Cord prolapse of foreman of liver 3 min
Due to:
Other conditions (Include pregnancy within 3 months of death): 15 Pa
Major findings: Of operations:
Of autopsy:

Duration

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: S. R. McCracken (M. D. or other) MO
Address: Excelsior Spg Mo Date signed 9/3/43

1100

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-7-43

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 Herbert Hope

Licensed Embalmer No. 3199

P. O. Address Excelsior Spring

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.