No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11457 / 1

Registration District No. 192 — Primary Registration District No. 5706 — Registrar's No. 7

1. PLACE OF DEATH:
(a) County: McDonald
(b) City or town: Rural Anderson (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles East of Anderson Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Neither (Specify whether)
In this community: 8 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: McDonald
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 4 miles East of Anderson (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: CLARENCE STILLABOWER
3. (b) If veteran, name war: World War #1
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: Grace Stillabower
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: Jan (Month) 18 (Day) 1896 (Year)

8. AGE: Years 48 | Months 1 | Days 27 | If less than one day ✓ hr. ✓ min.

9. Birthplace: Carthage (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: farming
11. Industry or business: ✓
MOTHER FATHER
12. Name: Henry Stillabower
13. Birthplace: Brown Co (City, town, or county) Indiana (State or foreign country)
14. Maiden name: Caroline Stanley
15. Birthplace: unknown (City, town, or county) N Carolina (State or foreign country)
16. (a) Informant: Grace Stillabower
(b) Address: Anderson Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 17 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Carthage Mo.
18. (a) Signature of funeral director: Tatum Funeral Home
(b) Address: Anderson Mo.
19. (a) 3/20/44 (Date received local registrar) (b) Virginia Buck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1944 hour 2:00 minute — P.M.

21. I hereby certify that I attended the deceased from Sept. 15, 1941, to March 11, 1944, that I last saw him alive on March 11, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Asthma	4 yr
Pulmonary Tuberculosis	6 yr
Due to: Myocarditis	3 yr
Due to:	
Other conditions: ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓
Of 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): ✓
(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: Jas Brison M.D. (M. D. or other)
Address: Southwest City Mo. Date signed: 3/14/44

1527

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1944

APR 5 1944

APR 12 1944

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 one

, Registered Apprentice No. ✓

working under my personal supervision.

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.