DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

Registration District No. 101

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5406

State File No. 17917

Registrar's No. 82

1. PLACE OF DEATH:

(a) County: Douglas

(b) City or town: Seymour (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / Lincoln Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community: 18 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Douglas

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: Near Seymour (If rural, give location)

(e) Citizen of foreign country?: No (Yes or No)

If yes, name country: /

3. (a) PRINT FULL NAME: D. S. Stall

3. (b) If veteran, name war: ..... 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: Ella Stall

6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: Aug. (Month) 21. (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
76	8	3	hr. ..... min.

9. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: .....

FATHER 12. Name: Samuel Stall

FATHER 13. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER 14. Maiden name: Sarah Harlet

MOTHER 15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Mart Stall

(b) Address: Seymour, Mo. R-4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-26-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Dogwood Cemetery

18. (a) Signature of funeral director: McClure Funeral Home

(b) Address: Seymour Mo

19. (a) 6-1-1944 (Date received local registrar) (b) Mrs. J. R. Spurlock Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th year 1944 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from July, 1943, to April, 1944, that I last saw him alive on June, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 wks
Due to: Nephritis or Prostatic Hypertrophy	2 or 3 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

131 P

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: R M Norman (M. D. or other)

Address: Ava Mo Date signed 4/28/44

1056

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6
District File Number 644-715
Date Filed JUN 9 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~~ ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Valmeadville

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

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