

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 6 1944

Registration District No. 83

Primary Registration District No. 4146

Registrar's No. ....

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town WoodrIDGE MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution..... (Specify whether

In this community.....  
years, months or days)

3. (a) PRINT FULL NAME STANLEY M. STOVER

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..... 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased aug 19 - 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
10 19 hr. min.

9. Birthplace WoodrIDGE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Omar L. Stover

13. Birthplace Coon County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Berna Musick

15. Birthplace Lopus Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Omar L. Stover

(b) Address WoodrIDGE MO

17. (a) Burial (b) Date thereof June 10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Copps Chapel

18. (a) Signature of funeral director Albert Hornbeck

(b) Address Prairie Home MO

19. (a) June 13, 1944 (b) Mrs. N. L. Reueger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town WoodrIDGE MO  
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1944 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from June 6 to June 9, 1944  
that I last saw him alive on June 6, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to Influenza

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 33a

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?..... (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) (c) Means of injury

23. Signature A. L. Meredith (M. D. or other) real

Address Prairie Home MO Date signed June 10 1944

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

2700

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-5-64

**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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, Mo.

**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.**