

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FILED JAN 3 1945

41908

1. PLACE OF DEATH
 County..... PLATTE Registration District No. 280
 Township..... GREENE Primary Registration District No. 5960
 City..... (No) St. Ward)

2. FULL NAME LARRY GENE STAGNER
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male **4. COLOR OR RACE** WHITE **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) SINGLE (1)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ←

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-28-44

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>0</u>	<u>2</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithville Mo.

13. NAME James Richmond Stagner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co Mo.

15. MAIDEN NAME Marjorie Stodge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Point Mo.

17. INFORMANT J. R. Stagner
 (ADDRESS) Westport, Platte Co, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Camden Pt. Mo. **DATE** 12/25 44

19. UNDERTAKER Rollins - Nash
 (ADDRESS) Edgerton Mo.

20. FILED 12-29 1944 and Clay 5/1/45
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24 19 44

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1944, to 19.....
 I last saw him alive on Dec 23, 1944. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Malnutrition
avitaminosis
 Date of onset

Other contributory causes of importance:
11

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Malnutrition
 (Signed)..... J. R. Stagner, M. D.
 (Address)..... Smithville Mo. 12-26-44

12-25

RECEIVED

District Health Officer No. *Platte Co. 100*

District File Number *1-45-1*

Date Filed *1-2-45*