

FILED FEB 19 1945

Registration District No. 217

Primary Registration District No. 2175780

Registrar's No. W

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Olean (Rural) SALINE TWP  
(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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller  
(c) City or town Olean (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. SALINE TOWNSHIP  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Charles Stoddard

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, Widowed

6. (b) Name of husband or wife Ella Kaiser Stoddard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 27 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Miller, Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Major Stoddard  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mariah Atkinson  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmer Hankins

(b) Address Olean, Missouri

17. (a) Burial (b) Date thereof 1-19-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) Jan 18-45 (b) H. Spearman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16  
year 1945 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from July 15 1944 to 1/16 1945  
that I last saw him alive on 1/15 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemic Coma Duration 4 days  
Due to Chronic Interstitial Nephritis 2

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 131A  
Of autopsy \_\_\_\_\_  
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) (c) Means of injury \_\_\_\_\_

23. Signature H. D. Walker (M. D. or other) 9  
Address Eldon Mo Date signed 1/18/45

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

RECEIVED

Miller County Health Dep't

County File Number 45-14

Date Filed 9-5-45

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STATEMENT BY LICENSED EMBALMER

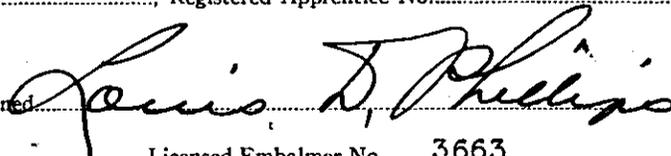
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis D. Phillips

....., Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. 3663

P. O. Address Eldon

**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.**