

FILED JUN 11 1945

Registration District No. 236

Primary Registration District No. 4351

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Morgan  
(b) City or town Barnett  
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Stephen A. Imler

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 Married

6. (b) Name of husband or wife Virginia Imler 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 30 1864  
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

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

MOTHER FATHER { 12. Name John Imler

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Crane

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

16. (a) Informant Mrs. Virginia Imler

(b) Address Barnett, Missouri

17. (a) Burial (b) Date thereof 5-9-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Rock Cemetery

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

(b) Address Eldon, Missouri

19. (a) 5-9-1945 (b) Ray Berksteinson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1945 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from June  
1944 to May 7 1945  
that I last saw him incalve on May 6 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to Angine Pectoris  
Pneumonia

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

Major findings:  
Of operations \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

23. Signature W. T. Allee (M. D. or other)  
Address Callao Ave Date signed 5/8/45

RECEIVED

Dist. No. 7

5-45-58

6-8-43

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 *Louis D. Phillips*  
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.