V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

FILED SEP 7 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27211

Registration District No. 84 Primary Registration District No. 5316 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Rural - Clear Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 66 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Pilot Grove Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓ ✓

3. (a) PRINT FULL NAME ANNA - STOECKLEIN
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem!
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Stoecklein
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Aug - 6 - 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	—	5	— hr. — min.

9. Birthplace Pilot Grove Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Family
FATHER
12. Name Albert Nold
13. Birthplace unknown Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Felton
15. Birthplace unknown U.S.A. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs C. E. Case
(b) Address Boonville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Grove Mo
18. (a) Signature of funeral director Hayo & Hunter
(b) Address Pilot Grove Mo
19. (a) 8-15-1945 (Date received local registrar) (b) Mrs W. D. Robin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1945 hour 11 minute 58 P.M.
21. I hereby certify that I attended the deceased from Dec 8, 1944, to Aug 11, 1945
that I last saw her alive on July 24, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Sigmoid with Metastases in Omentum	2 yrs.
Due to Cause Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46	
Of autopsy	

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 Geo. Wiens By W. H. Ziegler M.D. (M. D. or other) MD
Address Boonville Mo Date signed 8/13/45

1087 (Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 8,

District Number

Date Filed 9-6-41

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

NOV 26 1951

Signed Peyton E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove 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.