

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31130

State File No. _____

FILED SEP 23 1946

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 325

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 4th & LAMINE 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 YRS. (Specify whether years, months or days)

In this community 36 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS 80

(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")

(d) Street No. 612 SO PARK
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAS. AUSTIN STAMPERS

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 MARR. /

6. (b) Name of husband or wife Annie Frances Stamper

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

7. Birth date of deceased 4 8 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace GOWER MO
(City, town, or county) (State or foreign country)

10. Usual occupation INSURANCE

11. Industry or business FARMERS MUT. FIRE INS. CO.

12. Name JOHN T STAMPERS

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

14. Maiden name AMELIA MEADOWS

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

16. (a) Informant MRS. J. A. STAMPERS

(b) Address SEDALIA, MO

17. (a) BURIAL (b) Date thereof 9-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GOWER, Mo

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia, Mo.

19. (a) 9/9/46 (b) Betty Yeager
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1946 hour 4:45 minute P M.

21. I hereby certify that I viewed the deceased from as accurate Sept. 7, 1946, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Duration 4yr.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93D

Of operations _____

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:

(c) 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 D

23. Signature Dr. H. L. Tolson (M. D. or other) Dr.

Address 215 Ely Bldg - Sedalia, Mo. Date signed 9/7/46

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

MOTHER FATHER

251 (Licensed Emballer's Statement on Reverse Side)

corona

REMOVED

Order No. B

District File Number

Date Filed 9-21-46

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 L. T. Parker

Licensed Embalmer No. 3840

P. O. Address Selalia 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.