

S. No. 2
M-5-43
v. 5-17-39
e 1 X36571

STANDARD CERTIFICATE OF DEATH

State File No. 33296

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 790

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

1. PLACE OF DEATH:

(a) County... GREENE

(b) City or town... Springfield

(c) Name of hospital or institution: St. John's Hospital

(d) Length of stay: In hospital or institution... 0

In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Camden 15

(c) City or town... Linn Creek 2

(d) Street No... - (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country...

3. (a) PRINT FULL NAME Dallas Stamper

3. (b) If veteran, name war... -

3. (c) Social Security No... -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15

year 1946 hour 10 minute 30 P. M.

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jessie Holloway

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb 3 1879

21. I hereby certify that I attended the deceased from Sept 17 1946 to Oct 1 1946

that I last saw him alive on Oct 1 1946

and that death occurred on the date and hour stated above.

8. AGE: 67 Years 7 Months 28 Days

If less than one day hr. min.

Immediate cause of death Left Ventricular failure

Duration 4 wks

9. Birthplace Camden Co. Mo D

(City, town, or county) (State or foreign country)

Due to Atherosclerotic Heart Disease

Due to

10. Usual occupation Merchant

Other conditions Hypertrophy of heart

(Include pregnancy within 6 months of death)

11. Industry or business

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Wm. M. Stamper

13. Birthplace Ind. 1

14. Maiden name Elvira Bland

15. Birthplace Ind. 1

16. (a) Informant Ted Stamper

(b) Address Drumley Mo

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?

17. (a) Removal (b) Date thereof Oct 2 1946

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Palmer

(b) Address Lebanon Mo

23. Signature W. L. Russell (M. D. or other) M.D.

Address Springfield Mo Date signed 10-5-46

19. (a) 10-2-46 (b) W. L. Russell M.D.

(Date received local registrar) (Registrar's signature)

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

Signed..... *R. W. Palmer*

Licensed Embalmer No. *1161*

P. O. Address..... *Lebanon 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.

X