

S. No. 2
M-3-43
5-17-39
P.I. X37823

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

33937
State File No.

FILED OCT 9 1946

Registrar's No. 150

Registration District No. 155 Primary Registration District No. 5579

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Mineral
(c) Name of hospital or institution: Jasper Co TB Hospital
(d) Length of stay: In hospital or institution 70 days
In this community 0 years, months or days

3. (a) PRINT FULL NAME Jasper Elgin Stauffer
3. (b) If veteran, name war 0
3. (c) Social Security No.

4. Sex Male 5. Color or race WH
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Apr 2 1873

8. AGE: Years 73 Months 0 Days 28 If less than one day hr. min.

9. Birthplace: Macon Mo

10. Usual occupation: Farmer

11. Industry or business

MOTHER FATHER { 12. Name: J. Stauffer
13. Birthplace: Ky
14. Maiden name: Honey Fitzgerald
15. Birthplace: Indiana

16. (a) Informant: Records
(b) Address

17. (a) Final disposition: Burial (b) Date thereof: OCT. 3; 46
(c) Place: burial or cremation: Macon, Mo.

18. (a) Signature of funeral director: Wedge Lewis
(b) Address: Webb City, Mo.

19. (a) OCT-2;46 (b) Registrar's signature: R. B. ...

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Macon
(d) Street No.
(e) Citizen of foreign country? NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1946 hour 7 minute 70 P M.
21. I hereby certify that I attended the deceased from Sept 11 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.

Immediate cause of death: Pulmonary Tuberculosis
Duration

Due to
Due to

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

Major findings: Of operations: 13B
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: J. B. Dawson (M. D.)
Address: 720
Date signed: 10/1/46

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

3276A

137

(Licensed Embalmer's Statement on Reverse Side)

46-9-841

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.....

D. M. Hedge

Licensed Embalmer No.....

2859

P. O. Address.....

Webb City 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.