

S. No. 2
DM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37926

State File No. _____
Registrar's No. 145

Registration District No. 275

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla 34 Green Acres
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

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

(d) Street No. Edgar Springs Star Route 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nancy Stogsdill

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1946 hour 9 minute 20 p. m.

4. Sex Female 5/ Color or race white

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

6. (b) Name of husband or wife Wm. Stogsdill

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

7. Birth date of deceased: February 24 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 1, 19 45 to November 13, 46
that I last saw her alive on November 13, 46
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>8</u>	<u>20</u>	_____ hr. _____ min.

Immediate cause of death Myocarditis

Due to _____

Due to _____

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

Other conditions Ravages of old age
(Include pregnancy within 3 months of death)

10. Usual occupation Home

11. Industry or business _____

12. Name Fore

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

14. Maiden name Lydia Stogsdill

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

Major findings: 93E

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rose Harris

(b) Address Edgar Spgs. Star Rt. Rolla, Mo.

17. (a) Burial (b) Date thereof 11/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Cem.

18. (a) Signature of funeral director Nueban

(b) Address 508 W. 8th Rolla Mo

19. (a) 11-18-46 (b) Nadine L. Stoll
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature Adriene McLean
Address Rolla, Mo Date signed 11-18-46

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

81
2
2

36

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..... *S. L. M. Hall*

Licensed Embalmer No. *3394*

P. O. Address..... *Rolla 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.