

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 15 1947**

STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14463**  
Registrar's No. **33**

Registration District No. **273** Primary Registration District No. **5916**

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

1. PLACE OF DEATH **Perry**  
(a) County **Rural** **Cinque Homme**  
(b) City or town **Rural**  
(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 **65-4-11** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jessie F. Statler**  
3. (b) If veteran, name war  
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Lydia Statler**  
6. (c) Age of husband or wife if alive **December 29 1881** years (Month) (Day) (Year)

8. AGE: Years **65** Months **4** Days **11** If less than one day hr. min.

9. Birthplace **Bollinger Co., Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER  
12. Name **Peter M. Statler**  
13. Birthplace **Bollinger Co., Missouri** (City, town, or county) (State or foreign country)  
14. Maiden name **Eizabeth Barks**  
15. Birthplace **Bollinger Co., Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Lydia Statler**  
(b) Address **Biehle Mo.**

17. (a) **Burial** (b) Date thereof **5-12-1947** (Month) (Day) (Year)  
(c) Place: burial or cremation **White Water Mo.**

18. (a) Signature of funeral director **Jessie F. Statler**  
(b) Address **Perryville Mo.**

19. (a) **5-12-47** (b) **Joe J. Ballner** (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10** year **1947** hour **10** minute **A** M.  
21. I hereby certify that I attended the deceased from **19 25** to **May 10 1947**, 19...; that I last saw him alive on **May 10 1947**, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage** Duration **3 hrs**

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
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:  
(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) (e) Means of injury  
23. Signature **W. H. Bailey** (M. D. or other)  
Address **Conroyville, Mo.** Date signed **5/12/47**

RECEIVED

Health Officer No. 4  
File Number 547-691  
Date Filed 5-14-47

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.....

Frederic W. Baine

Registered Apprentice No. 510

working under my personal supervision.

Signed

Wallace Young

Licensed Embalmer No.

7027

P. O. Address

Perryville, Pa.

**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.