S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 8 1947

Registration District No. 16

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21445

Primary Registration District No. 5594

Registrar's No. 27

1. PLACE OF DEATH:
(a) County: Jefferson
(b) City or town: Cedar Hill
(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 years, months or days)
In this community: 1 yr / mo / 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jefferson 50
(c) City or town: Cedar Hill, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: WILLIAM CHARLES STOVESAND
3. (b) If veteran, name war: None
3. (c) Social Security No. .....

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: May (Month) 8 (Day) 1946 (Year)

8. AGE: Years 1 | Months 1 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Infant
11. Industry or business .....
FATHER
12. Name: R. J. Stovesand 0
13. Birthplace: Cedar Hill, Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Alene Vaughn
15. Birthplace: Festus (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant: Richard Stovesand
(b) Address: 5352a Neosho St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6 24 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Dittmer, Mo.
18. (a) Signature of funeral director: Kriegshauser Und. Co.
(b) Address: 4228 So. Kingshighway Bl.
19. (a) 6-23-47 (Date received local registrar) (b) Mrs J. A Huckelo (Registrar's signature) 144

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1947 hour 11 minute 40 P.M.
21. I hereby certify that I attended the deceased from Jan 1947, 19..., to June 21st, 19 47, that I last saw him alive on June 21st, 19 47, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Wilms Tumor	
Due to: Kidney	
Due to: Multiple Tumors	
Due to: Kidney, Liver and Intestines	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: 52A	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature: J. B. Edwards (M. D. or other)
Address: Cedar Hill Mo Date signed 6/23/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Cedar Hill, Mo.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-2-42

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 Edwin S. McDermott

Licensed Embalmer No. 3024

P. O. Address .....

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.