No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 1 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37220

Primary Registration District No. 5134

Registrar's No. 1402

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Industrial City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Industrial City-Washington Twsp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: Most of life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: Industrial City (If outside city or town limits, write "RURAL") 0
(d) Street No.: " " (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Iva Marie Stam per
3. (b) If veteran, name war: No
3. (c) Social Security No.: not given
4. Sex: female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced 3
6. (b) Name of husband or wife: Ralph E. Stamper
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: May (Month) 11 (Day) 1911 (Year)

8. AGE:	Years	Months	Days	If less than one day
√	36	6	11	hr. min.

9. Birthplace: Cawood (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: At home & Cafe employee
11. Industry or business:
FATHER 12. Name: Walter Raymond Halfhill
13. Birthplace: Unk (City, town, or county) Iowa (State or foreign country) 1
MOTHER 14. Maiden name: Minnie Lee Wells
15. Birthplace: Cawood (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant: Irma Schilling
(b) Address: Industrial City, Missouri
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 11-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Guilford Missouri
18. (a) Signature of funeral director: Stamey Funeral Home
(b) Address: St. Joseph, Missouri
19. (a) 11-29-47 (Date received local registrar) (b) H. L. Jenkins (Registrar's signature) 342

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1947 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from August 28, 1947 to November 22, 1947; that I last saw her alive on November 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs.
Due to: Hypertension	5 yrs.
Due to:	
Other conditions: Chr. Nephritis (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations: XX
Of autopsy: XX

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): XX
(b) Date of occurrence: XX
(c) Where did injury occur? XX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XX
While at work? XX (Specify type of place) (e) Means of injury: XX 0
23. Signature: Allen Isenman (M. D. or Coroner)
Address: Doctors' Bldg. Date signed: 11-24-47
St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

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 Charles M. Harman Registered Apprentice No. 450 working under my personal supervision.

Signed John Roy Stanley

Licensed Embalmer No. 2435

P. O. Address St. Joseph

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.