. S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 26 1947

Registration District No. 357

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42508

Primary Registration District No. 3048

Registrar's No. 276

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(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 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 321 S. Fillmore
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles E. Stilwell
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Angie Stilwell
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Sept. (Month) 9 (Day) 1871 (Year)

8. AGE: Years 76 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Waukon (City, town, or county) Iowa (State or foreign country)
10. Usual occupation attorney & abstract
11. Industry or business " "
MOTHER FATHER
12. Name Cornelius S. Stilwell
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bowen
15. Birthplace Pa. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Charles E. Stilwell
(b) Address 321 S. Fillmore, Maryville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cem., Maryville, Mo.
18. (a) Signature of funeral director G. M. Atchison
(b) Address Maryville, Mo.
19. (a) 12/16/47 (Date received by local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1947 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from Dec 12, 1947, to Dec 14, 1947 that I last saw him alive on Dec 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Occlusion — 2 days
Due to Generalized Arteriosclerosis
Coronary Sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations N/A
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature G. M. Atchison (M. D. or coroner)
Address Maryville, Mo. Date signed 12-15

(Licensed Embalmer's Statement on Reverse Side)

Charles E Stilwell

Dr. Jackson

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 G M Atkinson

Licensed Embalmer No. 2279

P. O. Address Maryville 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.