FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

STANDARD CERTIFICATE OF DEATH

State File No. 440

Registration District No. 50 — Primary Registration District No. 5179 — Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Camden
(b) City or town: Rural - ~~Glaze~~ Osage T.W.S. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osage - Beach - P.O. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... (Specify whether
In this community 75 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Camden - 15
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Osage - Beach - (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: William Charion Stamper
3. (b) If veteran, name war: None
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Elvira Stamper
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Sept. (Month) 23 (Day) - 1855 (Year)

8. AGE: Years 92 | Months 3 | Days 9 | If less than one day — hr. — min.

9. Birthplace: Spencer (City, town, or county) Ind. (State or foreign country)
10. Usual occupation: Cabinet Maker
11. Industry or business: "
FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Dilla Snelling
(b) Address: Osage Beach O
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Zion Cem.
18. (a) Signature of funeral director: [signature]
(b) Address: Eldon Mo
19. (a) Jan-9-1948 (Date received local registrar) (b) Zilpha Traw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 year 1948 hour 1 minute P M.
21. I hereby certify that I attended the deceased from Dec. 31 1947 to Jan 2 1948 that I last saw him alive on Jan 2 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditic ~~Failure~~ Chronic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 2
23. Signature: J. E. Schurr (M. D. or other)
Address: Osage Beach Mo Date signed Jan 3-1948

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

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

RECEIVED
District Health Officer No. 7,
District File Number 12-47-2084
Date Filed 1-12-48

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 Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.