No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1948
Dr. Gillham

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 601

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 35

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 35 years

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

3. (a) PRINT FULL NAME: Elmer Drake Stiffler
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: Bertie Stiffler
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: January (Month) 18 (Day) 1877 (Year)

8. AGE: Years 71 Months Days 6 If less than one day hr. min.

9. Birthplace: Morgan County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER 12. Name: Joseph Stiffler
13. Birthplace: Pa (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Katherine White
15. Birthplace: California, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Virgnia Mahoney
(b) Address: Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 2-7-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: River View Cemetery
18. (a) Signature of funeral director: Sam J. Jordan
(b) Address: Jefferson City, Missouri
19. (a) 1-26-48 (Date received by local registrar) (b) C. C. Darris M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1948 hour 1:45 minute P. M.
21. I hereby certify that I attended the deceased from April 2, 1947 to Jan 24, 1948; that I last saw him alive on Jan. 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of prostate with metastasis	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Fracture of R. humerus	1 day

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: D. M. Gillham (M.D. or other) M.D.
Address: Jefferson City, Mo. Date signed: 1/26/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 2 1948

FEB

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 G. N. Hansen, Registered Apprentice No. 42, working under my personal supervision.

Signed Omer Howard Ernest

Licensed Embalmer No. 4411

P. O. Address Jefferson City 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.

No. 2D
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. FeN

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 25

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Elmer D. Stiffler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 18 (Day) 18 (Year)

8. AGE: Years 71 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) No (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day 24
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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) Accident

(b) Date of occurrence 1-23-48

(c) Where did injury occur? Jefferson City (City or town) - Cole (County) - Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At his home (Specify type of place)

While at work? —, (e) Means of injury Fracture of R. humerus

23. Signature F. W. Goldham (M. D. ~~or other~~)

Address Jefferson City Mo Date signed 2-7-48

S-601