

FILED MAR 23 1948

Registration District No. 20

Primary Registration District No. 4031

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

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Adrian
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 40 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates
 (c) City or town Adrian
 (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 Minerva Jane Stoutsenberger
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 14
 year 1948 hour _____ minute 14 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife William H. 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased October 19 1872
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 14 March 1948 to 14 March 1948
 that I last saw her alive on 14 March 1948 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death
Secondary to
Cocaine & Psych
Abuse
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations NO
 Of autopsy _____

9. Birthplace Galesburg Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Charles Redfield
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Parsons
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Wm. H. Stoutsenberger
 (b) Address Adrian Mo.
 17. (a) Burial (b) Date thereof 3-17-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crescent Hill Cem.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) NO
 (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? _____

18. (a) Signature of funeral director Triath & Sif
 (b) Address Adrian Mo.
 19. (a) 3-17-48 (b) Myra Owens
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury 0
 23. Signature Asst Woodruff, M.D.
 Address 16 - March Date signed 48

RECEIVED

District Health Officer No. 7,

District File Number 2-48-263

Date Filed 3-23-48

APR 18 1948

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..... *Leffler*

Licensed Embalmer No. 3650

P. O. Address..... *Adrian 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.