

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8358**

FILED MAR 16 1948

Registration District No. _____ Primary Registration District No. **4175** Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **Dunklin**

(b) City or town **Hammersville Mo**
(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 **Mo** (b) County **Dunklin**

(c) City or town **Hammersville Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **35**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Charles Edward Stamps**

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **14**
year **1948** hour **5** minute _____ M.

21. I hereby certify that I attended the deceased from **Feb 14** 1948 to **Feb 17** 1948
that I last saw him live on **Feb 15** 1948 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **9**

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

7. Birth date of deceased **Feb. 14 - 1948**
(Month) (Day) (Year)

Immediate cause of death **was not known, as he did not appear sick** Duration _____

Due to _____

Due to _____

8. AGE: Years _____ Months _____ Days **4** hr. _____ min.

9. Birthplace **Hammersville Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Charles Stamps**

13. Birthplace **Ark**
(City, town, or county) (State or foreign country)

14. Maiden name **Pauline Lass**

15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: : Of operations **20**

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Lan Phelps**

(b) Address **Hammersville Mo**

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? _____

17. (a) _____ (b) Date thereof **3-18-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kenneth Cemetery**

18. (a) Signature of funeral director **W.F. Eames**

(b) Address **Hammersville Mo**

23. Signature **Van H Bond** (M. D. or other) _____
Address **Hammersville Mo** Date signed **2-18-48**

19. (a) **Feb 24-48** (b) **Bertha Rinschm**
(Date received local registrar) (Registrar's signature)

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

5000

RECEIVED

District Health Office No. 2,

District File Number 348-343

Date Filed 3-9-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.