

FILED APR 26 1948

Registration District No. 2

Primary Registration District No. 5085

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates
 (b) City or town Westpoint twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
 (c) City or town Westpoint Twp
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
 year 1948 hour 12 minute 10 A.M.
 21. I hereby certify that I attended the deceased from
August 3, 1941 to March 29, 1948
 that I last saw her alive on March 28, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death
Hypostatic Lobar Pneumonia Duration
36 hrs.
 Due to
Cholecystitis & Indigestion 1 mo.
and --- Senile debility 5 yrs.

Other conditions
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations POB
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Margaret E. Stillwell

3. (b) If veteran, name war np 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased: Feb. 28 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 I I _____ hr. _____ min.

9. Birthplace Carmi Ill
(City, town, or county) (State or foreign country)

10. Usual occupation H-W

11. Industry or business _____

12. Name Unk. Saunders

13. Birthplace Unk 9
(City, town, or county) (State or foreign country)

14. Maiden name Unk.

15. Birthplace Unk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Stillwell

(b) Address Amsterdam, Mo.

17. (a) Burial (b) Date thereof 3-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mukberry Cemerty

18. (a) Signature of funeral director Archer & Mangold
Amsterdam Mo.

(b) Address _____

19. (a) 3-30-48 (b) L.H. Mangold
(Date received local registrar) (Registrar's signature)

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 W.D. Schuler (M.D. or other) D.O.
 Address Amoret, Missouri Date signed 3-30-48

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

MOTHER FATHER

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.....

L. R. Mangold

Licensed Embalmer No. **3610**

P. O. Address **Amsterdam, 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.