S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12217

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 383

39
2
6

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2127 N. Grant Ave., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 56 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene. 39

(c) City or town Springfield (If outside city or town limits, write "RURAL") 2

(d) Street No. 2127 N. Grant (If rural, give location) 6

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME William Zechariah Stovall

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Ann Stovall

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased May (Month) 22, (Day) 1860 (Year)

8. AGE: Years 87 ~~87~~ Months 11 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Muheinberg Co., (City, town, or county) Ky. (State or foreign country) 1

10. Usual occupation Retired Preacher

11. Industry or business Preacher

FATHER
12. Name George W. Stovall
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Polly DeLacy
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mary Ann Stovall
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Rotherdale Prairie

18. (a) Signature of funeral director W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 5/9/48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6, year 1948 hour 9 minute 55 A. M.

21. I hereby certify that I attended the deceased from 3-29-48, 19..., to 5-6-48, 19...; that I last saw him alive on 5-5-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Arteriosclerosis	1 yr.
Due to Senility	
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 .....

23. Signature [signature] (M. D. or other)

Address Springfield Mo. Date signed 6-7-48

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

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 Mark Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.