

No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15392**
Registrar's No. **39**

Registration District No. _____ Primary Registration District No. **5112 A**

1. PLACE OF DEATH:
(a) County **Bollinger**
(b) City or town **Pural** (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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Bollinger**
(c) City or town **Pural** (If outside city or town limits, write "RURAL")
(d) Street No. **2 mi South East Sedgewick** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Miller Malichi Hastings Statler**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Chbbie B. Statler** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 25 1881** (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **19th** year **1948** hour **7:5** minute **P.**
21. I hereby certify that I attended the deceased from **May 19th 1948** to **May 19th 1948** that I last saw him alive on **May 19th 1948** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 10 24 hr. _____ min.

Immediate cause of death **Info. Carditis** Duration _____
Due to _____
Due to _____

9. Birthplace **Bollinger MO** (City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **936**

MOTHER FATHER

11. Industry or business _____
12. Name **Jesse Statler**
13. Birthplace **Bollinger Co. MO** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Seabaugh**
15. Birthplace **Bollinger Co. MO** (City, town, or county) (State or foreign country)

Of autopsy _____
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? _____

16. (a) Informant **H. B. Statler**
(b) Address **Jackson Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 21 48** (Month) (Day) (Year)
(c) Place: burial or cremation **Sedgewickville Cem**

23. Signature **Calvin Crest** (M. D. county)
Address **Sedgewickville** Date signed **5/24/48**

18. (a) Signature of funeral director **Wilson Statler Seabaugh**
(b) Address **Jackson MO**
19. (a) **5-27-48** (Date received local registrar) (b) **Willie Dan Owens** (Registrar's signature)

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

RECEIVED

District Health Officer No. 4
District File Number 648-710
Date Filed 1-2-48

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.....

Virgil H. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - 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.