DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1948

Registration District No. 176

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20031

State File No.

Primary Registration District No. 4278

Registrar's No.

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Miller, Lincoln (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 years, months or days)

In this community: Native

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Lawrence

(c) City or town: Miller (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

55 0 0 0

3. (a) PRINT FULL NAME: Laura Stahl

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: 12 (Month) – 27 (Day) – 1869 (Year)

8. AGE: Years 77 | Months 4 | Days 19 | If less than one day ___ hr. ___ min.

9. Birthplace: Lawrence Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business:

MOTHER FATHER

12. Name: Wm. C. Cornell

13. Birthplace: Lawrence Co. (City, town, or county) Mo. (State or foreign country)

14. Maiden name: Amanda Foster

15. Birthplace: Lawrence Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Miss Ella Stahl

(b) Address: Miller Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Stahl

18. (a) Signature of funeral director: Morris Lemon

(b) Address: Miller Mo.

19. (a) 6-18-48 (Date received local registrar) (b) W. S. Burney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16 year 1948 hour 5 minute 40 p.m.

21. I hereby certify that I attended the deceased from 5-11, 1948, to 5-16, 1948 that I last saw her alive on 5-11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy

Due to: Atherosclerosis

Due to:

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

Major findings: Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause to 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: 0

23. Signature: W. S. Burney (M. D. or other)

Address: Miller, Mo. Date signed 6-20-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 748-765
Date Filed JUL 12 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 G. R. Lerman

Licensed Embalmer No. 3297

P. O. Address Miller 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.