

National Office of Vital Statistics
FILED JUL 9 1948Registration District No. **274**Primary Registration District No. **3.052**Registrar's No. **176**

1. PLACE OF DEATH:

(a) County **Pettis**
 (b) City or town **Sedalia**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Bothwell Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 weeks**
 (Specify whether years, months or days) **18 years**

3. (a) PRINT FULL NAME

Charles Emmett Stemmons3. (b) If veteran, name war **none**3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Margaret Muir Stemmons** 6. (c) Age of husband or wife if alive **deceased**
 7. Birth date of deceased **Sept. 14, 1859**
 (Month) (Day) (Year)

8. AGE: Years **88** Months **8** Days **27** If less than one day
 hr. min.

9. Birthplace **Cooper County, Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Telegraph Operator**

11. Industry or business

12. Name **Franklin Stemmons**
 13. Birthplace **Cooper County, Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **not obtainable**
 15. Birthplace **Cooper County, Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Cecil Stemmons (son)**
(b) Address **214 Plaza Courts, Tulsa, Okla**

17. (a) **Burial** (b) Date thereof **6/20/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Masonic Cemetery, Brimstone, Missouri**

18. (a) Signature of funeral director **Herbert Ewing**
 (b) Address **Sedalia, Mo.**

19. (a) **6-20-48** (b) **Betty Yeager**
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
 (c) City or town **Sedalia**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **209 East 6th**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18**
 year **1948** hour **3:30** minute **A.** M.

21. I hereby certify that I attended the decedent from **May 18, 1948**
 that I last saw him alive on **June 17, 1948**
 and that death occurred on the date and hour stated above. Duration

Immediate cause of death **Cerebral hemorrhage 2 wks
 preceding death due to
 cerebral arteriosclerosis long time**

Due to **Advanced age**

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)
 (e) Means of injury

23. Signature **S. D. Campbell, M.D.** (M. D. or other)
 Address **Sedalia, Mo.** Date signed **6-19-48**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-20-48

APR 20 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.....

Hansen K Dietz

Registered Apprentice No. *70*

working under my personal supervision.

Signed

Mauro Ewing

Licensed Embalmer No.

3847

P. O. Address

Sedalia 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.