

FILED AUG 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22129

Registration District No. 25

Primary Registration District No. 4036

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Bates
 (b) City or town Rich Hill Osage Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home 820 S. 8th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 70 Years
years, months or days

3. (a) PRINT FULL NAME WILLIAM FRANCIS STAGNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Maude Stagner 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 11 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	0	20	hr. _____ min.

9. Birthplace McClain County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation common laborer

11. Industry or business _____

12. Name William Henry Stagner

13. Birthplace McClain County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth E. Messler

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

16. (a) Informant Mrs. Ida Johnson

(b) Address Rich Hill, Missouri

17. (a) Burial (b) Date thereof Aug-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rich Hill, Mo.

18. (a) Signature of funeral director Boach's

(b) Address 510 Park Ave. Rich Hill, MO

19. (a) Aug 4, 1948 (b) Mrs. Edna Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
 (c) City or town Rich Hill-Osage Twp.
(If outside city or town limits, write "RURAL")
 (d) Street No. 820 S. 8th St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
 year 1948 hour 5 minute _____ p. M.

21. I hereby certify that I attended the deceased from 15 Aug to Aug 1 1948
 that I last saw him alive on July 31 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Renew of lungs

Due to Renew of liver & neck

Due to _____

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

Major findings: Hypertension
 of operations _____

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? _____

While at work? _____
Specify type of place (a) Means of injury

23. Signature Dr. J. H. ... (M. D. or R. N.)

Address Rich Hill, Mo. Date signed Aug 4, 1948

RECEIVED

District Health Officer No

District File Number 7-48

Date Filed 8-7-48

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 *John G. Underwood*
Licensed Embalmer No. *3585*
P. O. Address *Butler, 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.