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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 19 1948

Registration District No. 334

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25221

Primary Registration District No. 4519

Registrar's No.

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town Cabool
(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 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas 107

(c) City or town Cabool 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE A. STOUSE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W.

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Sophia

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

7. Birth date of deceased Feb (Month) 15 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	4	22	hr. min.

9. Birthplace Jefferson Co. Mo. 17
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Stouse
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Missouri Stowe
15. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Stouse
(b) Address Cabool Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Steely Chapel

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Cabool Mo.

19. (a) July 1, 48 (Date received local registrar) Gaynell Cunningham (Registrar's signature) 225

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 7
year 1948 10 hour 35 minute a. M.

21. I hereby certify that I attended the deceased from Jan 1, 1948, to June 7, 1948
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

16 2-B

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. M. Foster (M. D. or other) 6/8/48
Address Cabool Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-12-48
District Health Officer No. 6
District File Number 246453
Date Filed 7-12-48

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 Gaylord V Elliott

Licensed Embalmer No. 2252

P. O. Address Calrove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.