p. 300
10-47
17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26956

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 111

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Chillicothe Hosp. (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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

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

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

If yes, name country —

3. (a) PRINT FULL NAME Ashford J. Stamper

3. (b) If veteran, name war W.W.I

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 Hazel Stamper

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July (Month) 21 (Day) 1897 (Year)

8. AGE: Years 51 Months 1 Days 2 If less than one day — hr. — min.

9. Birthplace Utica (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Hiram N. Stamper
13. Birthplace — (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Susie Stone
15. Birthplace Utica (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Hazel Stamper
(b) Address Utica, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Stone Cemetery

18. (a) Signature of funeral director Donald Gordon
(b) Address Chillicothe, Mo.

19. (a) Aug 25 1948 (Date received local registrar) (b) Frances B Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1948 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from 8/28/1946, 19__, to 8/28/1948; that I last saw him alive on 8/23/1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Chronic Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature S. M. Dowell (M. D. or other)

Address Chillicothe Mo. Date signed 8/24/48

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1961

SEP 13 1948

APR 5 1961

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Donald F. Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.