

FILED DEC 11 1948

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 337

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Fulton, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital No. 1 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 days (Specify whether
 years, months or days)
 In this community 19 days

3. (a) PRINT FULL NAME GEORGE T. STUFFLEBERG

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 Mar Gary Stuffleberg 6. (c) Age of husband or wife if alive DK years

7. Birth date of deceased June 5 1899
 (Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Holden Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Shoe factory

11. Industry or business and farmer

12. Name WILL STUFFLEBERG

13. Birthplace LEDEORD MISSOURI
 (City, town, or county) (State or foreign country)

14. Maiden name CORA HANNER

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

16. (a) Informant Records State Hospital

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof Nov - 25 - 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill, Mo

19. (a) 11-27-1948 (b) Joyce Mossackhoff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
 (c) City or town Rural #1 Marshall 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 1 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd
 year 1948 hour 12:00 minute A M.

21. I hereby certify that I attended the deceased from November 3
 1948, to November 22, 1948;

that I last saw him alive on November 22, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 48 hours

Due to MALIGNANT TUMOR OF LEFT KIDNEY WITH METASTASIS TO RIGHT 324 days

Due to LUNG (LOWER LOBE) - TYPE UNDEFER MINE

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?

While at work? _____ (Specify type of place)
 (e) Means of injury 6

23. Signature Wayne Stofely (M. D. or other)

Address Fulton, Missouri Date signed 23 Dec 48

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

MOTHER FATHER

Date Filed
DEC 10 1948

District and Sub-District
District Health Officer No. 9,
RECEIVED

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..... *Glen H. Hill*

Licensed Embalmer No. *4586*

P. O. Address. *Pleasant Hill, 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..