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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 22 1948

STANDARD CERTIFICATE OF DEATH

State File No. 86212
Registrar's No. 997

Registration District No. 2000

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County Green
(b) City or town Springfield Mo.
(c) Name of hospital or institution:
733 South New St
(d) Length of stay: In hospital or institution
In this community 1 year

3. (a) PRINT FULL NAME Benjamin F. Stow
3. (b) If veteran, X
3. (c) Social Security No. X

4. Sex M. D
5. Color or race W
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Rebecca E Stow
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 8 1874

8. AGE: Years 74 Months 7 Days 4

9. Birthplace Henry County Mo.
10. Usual occupation Retired Farmer

MOTHER FATHER
11. Industry or business
12. Name Oliver Stow
13. Birthplace Va, I
14. Maiden name Elent, Knowlton
15. Birthplace Va, I

16. (a) Informant Charles B. Stow
(b) Address Springfield Mo.
17. (a) Burial (b) Date thereof Nov 14 1948
(c) Place: burial or cremation Roller Cemetery
18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.
19. (a) 11-16-48 (b) W. E. Handley MD Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Green
(c) City or town Springfield Mo.
(d) Street No. 733 South New St
(e) Citizen of foreign country? No. (Yes or No)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 12
year 1948 hour 9 minute 15
21. I hereby certify that I attended the deceased from July 1948 to Nov 02 1948
that I last saw him alive on Nov 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Duration 6 mos

Due to
Due to
Other conditions
Major findings: 46B
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?
(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
23. Signature W. Wendell Stewart (M. D. or other) M.D.
Address 203 Cambridge Blay
Date signed Nov 15 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.