. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 3 1949
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39439
Primary Registration District No. 1000
Registrar's No. 1383

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital #2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community 15 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell 13
(c) City or town Cowgill 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country None.

3. (a) PRINT FULL NAME JOE STALLINGS
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years ABOUT 84 | Months — | Days — | If less than one day ..... hr. ..... min.

9. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Unknown
FATHER
12. Name Unknown 0
13. Birthplace unknown unknown 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Gene Stallings (Son)
(b) Address Cowgill, Missouri
17. (a) Burial (b) Date thereof 12-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill, Mo.
18. (a) Signature of funeral director Cramer Clark
(b) Address Kingston, Mo.
19. (a) 12-27-48 (b) E. C. Jenkins 382
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 25th
year 1948 hour 3 minute 05 P.M.
21. I hereby certify that I attended the deceased from 12/10, 1948, to 12/25, 1948
that I last saw him alive on 12/25/48, 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 108	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 0
23. Signature Albert A. Almada (M. D. ~~Coroner~~) M. D.
Address State Hospital #2 St Joseph Mo Date signed 12/25/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAY 31 1955

JUN 1 1955

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.