

S. No. 2  
DM-5-43  
v. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32653

FILED NOV 1948

State File No. \_\_\_\_\_

Registration District No. 12

Primary Registration District No. 5050

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Rual - Mineral Twsp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mrs. Erma Padgett, Cato, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 53 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Rual  
(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 Benjamin Robert Stumpff

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Sarah Lilly 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased April 21 1874  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name F. M. Stumpff

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

14. Maiden name Sally E. Moore (State or foreign country)

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

16. (a) Informant Erma Padgett

(b) Address Cato, Mo

17. (a) Burial (b) Date thereof 6/2/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clio Cem.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Cassville, Mo.

19. (a) 7/4/46 (b) Mrs. Gene Hudson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th  
year 1946 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from May 12,  
1946 to May 29, 1946  
that I last saw him alive on May 27, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 da

Due to Carcinoma of prostate gland unk

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? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James W. ... (M. D. or other) \_\_\_\_\_  
Address Cassville, Mo Date signed 6-1-46

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

MOTHER FATHER

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**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..... *W. C. Koon* .....

Licensed Embalmer No. *4359* .....

P. O. Address. *Cassville, 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.**