V. S. No. 2
OM—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5955

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 156

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WRITE PLAINLY—USE 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: 1105 Myrtle Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all 48 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1105 Myrtle Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARY-C-STOUFFER.
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem
5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Joseph W Stouffer
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased March (Month) 25 (Day) 1858 (Year)

8. AGE: Years 81 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Latimore (City, town, or county) Penn (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name Jacob P. La Rue (Rev)
13. Birthplace Near Latimore (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Eliza Day
15. Birthplace Near Latimore (City, town, or county) Penn (State or foreign country)

16. (a) Informant Clyde S Stouffer
(b) Address St. Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Parkville Mo. Cem.
18. (a) Signature of funeral director Roy Stamer
(b) Address St Joseph Mo
19. (a) Feb. 13, 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1940 hour 6 minute 00P M.
21. I hereby certify that I attended the deceased from Viewed Feb 11th, 19 40 to , 19 ; that I last saw h ##### alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Due to 94 [illegible]

Due to

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

Duration

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)
(e) Means of injury
85 While at work?
23. Signature B. W. Tadlock Coroner (M. D. or other) 4
Address King Hill Bldg. Date signed 2/13/40

(Licensed Embalmer's Statement on Reverse Side)

Law

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 2/10/4

, Registered Apprentice No.

working under my personal supervision.

Signed John Ray Stanley

Licensed Embalmer No. 7435

P. O. Address St Joseph 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, above space should be left blank.