

Registration District No. 668 Primary Registration District No. 3032

1. PLACE OF DEATH:  
 (a) County Pettis  
 (b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Bothwell Hospital  
(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 30 Years  
years, months or days

3. (a) PRINT FULL NAME Emma Stoffel 314  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Dominic Stoffel 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec. 21 1880  
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Milwaukee Wis.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
 12. Name Fred Apel is  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant A.C. Stoffel  
 (b) Address Sedalia, Mo.

17. (a) Bueial (b) Date thereof Mar. 22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Crown Hill  
Gillespie Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Sedalia, Mo.

19. (a) 3-21-40 (b) Mrs. Harry Sued  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pettis  
 (c) City or town Sedalia  
(If outside city or town limit, write "RURAL")  
 (d) Street No. 501 North Prospect  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
 year 1940 hour 7 minute 44 A M.

21. I hereby certify that I attended the deceased from One year, 1939, to March 20, 1940,  
 that I last saw her alive on March 20, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Nephritis  
Peptic Ulcer  
 Due to Hypertension  
 Due to Arteriosclerosis  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration  
 ?  
 ?  
 ?

Major findings: None  
 Of operations \_\_\_\_\_  
 Of autopsy No

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) \_\_\_\_\_  
 While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Prof. Carlisle M. S. (M. D. or other) \_\_\_\_\_  
 Address Sedalia Mo. Date signed 3-21-40

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

80  
 4

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 4-10-48

---

---

**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..... *Geo. I. Dillard* .....

Licensed Embalmer No. *3868* .....

P. O. Address..... *Selalia, 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.**