FILED JAN 23 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44013

Registration District No. 805 Primary Registration District No. 6050 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Schuyler
(c) City or town R F D Lancaster, Mo (If outside city or town limits write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Leroy Stogdill
3. (b) If veteran name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 14 (Day) 1940 (Year)
8. AGE: Years Months Days 5 If less than one day hr. min.
9. Birthplace Schuyler Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation 0
11. Industry or business 1
MOTHER FATHER
12. Name Walter Stogdill 0
13. Birthplace Davis (City, town, or county) Iowa (State or foreign country)
14. Maiden name Opal Jackson
15. Birthplace Schuyler (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Walter Stogdill
(b) Address Lancaster, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 20 '40 (Month) (Day) (Year)
(c) Place: burial or cremation Fabius Cemetery
18. (a) Signature of funeral director D O Fenton
(b) Address Lancaster, Missouri
19. (a) Dec. 26/40 (Date received local registrar) (b) Byrdie H. Drake, deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1940 hour 8.30 minute P. M.
21. I hereby certify that I attended the deceased from Dec 14, 1940, to Dec 18, 1940; that I last saw him alive on Dec 18, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital Heart	
Due to	
Due to 1507	
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? (Specify type of place) 719
While at work? (e) Means of injury 2
23. Signature R. E. Vaughn (M. D. or other) D.O.
Address Lancaster, Mo Date signed Dec 19, 1940

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 1-41-67
Date Filed JAN 7 1941

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~~ P. O. Fenton, Registered Apprentice No. 3705 working under my personal supervision.

Signed P. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, Ma

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.