

APR 28 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11662

State File No.

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Phelps
 (b) City or town Rolla
 (c) Name of hospital or institution: Missouri Central Terminal Hospital
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution 11 months
 (Specify whether in hospital or institution)
 In this community 11 months
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State 81
 (b) County 1
 (c) City or town 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 14 day 14th
 year 1941 hour 11:25 minute 00 A.M.

21. I hereby certify that I attended the deceased from March 9
 1940, to Feb 14 1941
 that I last saw him alive on Feb 14 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death

Paralysis of old age
and senile dementia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 2-17-41
 (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?

23. Signature Walter Stotts (Specify type of place) (a) means of injury
 Address Rolla Date signed 2/15/41

3. (a) PRINT FULL NAME Walter Stotts

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 26. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 20 years (Year) 18587. Birth date of deceased Oct 20 (Month) (Day) (Year)8. AGE: Years 82 Months 3 Days 24 If less than one day hr. min.9. Birthplace Collville Ohio (City, town, or county) (State or foreign country)10. Usual occupation Hotel Business

11. Industry or business

12. Name Sam Stotts
 13. Birthplace Do not know 9 (City, town, or county) (State or foreign country)
 14. Maiden name Do not know
 15. Birthplace Do not know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Orville J. Maloy17. (a) Burial (b) Date thereof Feb 17 1941 (Burial, cremation, or removal) (Month) (Day) (Year)18. (a) Signature of funeral director Nora Day (b) Address Leebusse19. (a) Feb 17 1941 (b) Jos. J. O'Connell (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 5,

District File Number 441867

Date filed _____

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

Lee Johnson

Licensed Embalmer No. 3892

P. O. Address

Newburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCIAL BUREAU OF THE CENSUS
MURKIN JUN 10 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11662

Registration District No. 677 Primary Registration District No. 4403 Registrar's No.

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Balla
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Newburg about 1 year
(d) Street No. Prior to that Nevada, Mo.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter Statts
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 14
year 1941 hour minute M.

4. Sex m
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that the deceased from 19 to 19
that I last saw him alive on and that death occurred on the date and hour stated above.
Immediate cause of death Duration

8. AGE: Years 82 Months 3 Days 24
If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

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.

16. (a) Informant (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) June 7, 1941 (b) Joe F. Ayers (Registrar's signature)

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 R. Sidney McFarland (M.D. or other)
Address Balla Mo Date signed

MISSOURI SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

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

11662

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.....

Licensed Embalmer.....

P. O. Address.....

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.