

No. 2
4-13-40
5-17-39
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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14547

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 370

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28
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County... GREENE
 (b) City or town... Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 0 (Specify whether
 In this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Mo. (b) County... Jarvis
 (c) City or town... Hollister
(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.?..... years.

3. (a) PRINT FULL NAME... KINSLY WILLIAM STOTTLE
 (b) If veteran, name war... NONE
 (c) Social Security No... NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month... April day... 14
 year... 1941 hour... 12 minute... 20 P. M.

4. Sex... male 5. Color or race... white
 6. (a) Single, widowed, married, divorced... married
 (b) Name of husband or wife... Vollice Stottle
 (c) Age of husband or wife if alive... 54 years
 7. Birth date of deceased... Dec. 5 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
4/14, 1941, to 4/14, 1941;
 that I last saw h. 121 alive on 4/14, 1941;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>4</u>	<u>9</u>	hr. min.

Immediate cause of death... Coronary acclusion
 Due to... Coronary Disease
 Duration... hrs

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

Due to... 94
 Other conditions... (Include pregnancy within 3 months of death)

10. Usual occupation... General Mdse
 11. Industry or business... Merchant

Major findings:
 Of operations...
 Of autopsy...
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name... Thomas J. Stottle
 13. Birthplace... Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name... Mary Miller
 15. Birthplace... Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs Vollice Stottle
 (b) Address... Hollister Mo.
 17. (a) Burial (b) Date thereof... 4-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place of burial or cremation... Hollister, Mo.

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?

18. (a) Signature of funeral director... J. W. Klugger
 (b) Address... Springfield, Mo.

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

19. (a) 4-17-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

Signature... R. M. Remy (M. D. or other) 11
 Address... Springfield, Mo. Date signed... 4/14/41

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 No. 4176

P. O. Address Springfield

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:

X