. No. 2
-4-13-40
5-17-39
PI X23159

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

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16023

Registration District No. 821 Primary Registration District No. 6070 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) ~~City or town~~ Rural Richland Tnship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10-0
(a) State Missouri (b) County Scott 0
(c) City or town Rural Richland Township 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Henry Stovall
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Annie Stovall
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 15 (Day) 1860 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	4	15	hr. min.

9. Birthplace (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation Farm Laborer
11. Industry or business
FATHER
12. Name George Stovall
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Annie - Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant H. Freeland
(b) Address R.F.D. Sikeston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 31, 41 (Month) (Day) (Year)
(c) Place: burial or cremation McMullen Cemetery
18. (a) Signature of funeral director Alden Ellis
(b) Address Sikeston, Mo.
19. (a) May 6-1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility with Senile Dementia	about 6 Months.
Due to	
Due to	
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? 7 1/2
(Specify type of place)
While at work? (e) Means of injury
23. Signature Lyle Poe-Coroner (M. D. or other)
Address Oran Missouri Date signed 3/30/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 541-56
Date Filed 5/8/41

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.