

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18836

Registration District No. 748

Primary Registration District No. 5982

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Logan
(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 _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Martin V. Stogstill

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Malissa 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 14 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 78 Days 9 If less than one day 10 hr. 30 min.

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

10. Usual occupation F Farmer

11. Industry or business _____

MOTHER FATHER
12. Name unk.
13. Birthplace Texas Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Malissa Allen
15. Birthplace Reynolds Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant W. F. Stogstill
(b) Address Ellington Mo.

17. (a) burial (b) Date thereof May 19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monia Cemetery

18. (a) Signature of funeral director W. G. Evans
(b) Address Lagan - Ellington Mo.

19. (a) May 19-41 (b) Essie Evans
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town Ellington rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18
year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 12 to May 18, 1941 to May 18, 1941
that I last saw h Im alive on May 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 6 days

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? _____

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

23. Signature A. F. Burg (M. D. or other) 0
Address Ellington, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 5,

District File Number. 6411755

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 _____

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, above space should be left blank.