No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31617

Registration District No. 338 Primary Registration District No. 4201 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Harrison Second

(b) City or town Gilman City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Private Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 3 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison 41

(c) City or town Gilman City Mo. 0
(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.? no years.

3. (a) PRINT FULL NAME HENRY D STAHL

3. (b) If veteran, name war no

3. (c) Social Security No. 59-165

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ruth E. Stahl

6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased Nov (Month) 30 (Day) 1854 (Year)

8. AGE: Years 86 Months 11 Days If less than one day hr. min.

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

10. Usual occupation Farmer (Retired)

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth E. Brown
15. Birthplace Leonida Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jenny Himmelsen
(b) Address Gilman City Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 10-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Rucker Cemetery

18. (a) Signature of funeral director W D Haines
(b) Address Gilman City Mo.

19. (a) 9/30/1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30 year 1941 hour 12 25 P.M. minute — M.

21. I hereby certify that I attended the deceased from 9-28-, 1941, to 9-30, 1941; that I last saw him alive on 9-28-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

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
(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)
While at work? (e) Means of injury

23. Signature G. W. Stowers (M. D. or other)
Address Gilman City Mo. Date signed 9-30 1941

(Licensed Embalmer's Statement on Reverse Side)

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 W D Haines., Registered Apprentice No.....
working under my personal supervision.

Signed W D Haines.

Licensed Embalmer No. 542

P. O. Address Gilman City Mo.

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

If this body is not embalmed, above space should be left blank.