

DEC 13 1941

Registration District No. 130

Primary Registration District No. 3010

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cassall
(b) City or town Carrollton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Atwoods Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 9 days
(Specify whether years, months or days)
In this community all of life

3. (a) PRINT FULL NAME Louisa Stamm

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Daniel Stamm 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 9, 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Jacob Knipschild
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kasper
15. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. E. R. Stamm
(b) Address Norborne, Mo R.R. 1.

17. (a) Burial (b) Date thereof Dec 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairhygen

18. (a) Signature of funeral director M. H. Stroud

(b) Address Norborne, Mo

19. (a) Dec. 5-41 (b) Mrs. James R. Rafferty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cassall
(c) City or town Norborne Mo - Rural 17
(If outside city or town limits, write "RURAL")
(d) Street No. 11 miles N. of Norborne Fairhygen
(If rural, give location) Libsp.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 11-17, 1941, to 12-4, 1941;
that I last saw _____ alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Due to _____
Duration 14 days

Due to _____
Other conditions 107
(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 W. H. Atwood (M. D. or other) _____
Address Carrollton, Mo Date signed 12/5/41

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

RECEIVED

District Health Officer No. 8,

File Number 1244

Date 1-2-41

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

G. J. Straub

Registered Apprentice No. 2406

working under my personal supervision.

Signed G. J. Straub

Licensed Embalmer No. 2406

P. O. Address Novato, Mo.

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.