S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1998

Registration District No. 183 Primary Registration District No. 4109 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Nixa
(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 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 22
(a) State Mo. (b) County Christian 0
(c) City or town Nixa 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 James Franklin Stiffler
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Lucy Stiffler
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 26, 1870 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	5	29	hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation general labor
11. Industry or business
FATHER
12. Name Albert Stiffler
13. Birthplace (City, town, or county) Penn. 1 (State or foreign country)
MOTHER
14. Maiden name Lear Nokes
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)
16. (a) Informant Artie Mostiller
(b) Address Nixa, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Payne Cem.
18. (a) Signature of funeral director T. W. Maples
(b) Address Clever, Mo.
19. (a) Jan. 27, 1942 (Date received local registrar) (b) Ida B. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25, year 1942 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from October 30th, 1941, to Jan 25, 1942, that I last saw him alive on Jan 24, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degeneration	2 or 3 yrs
Due to Essential Hypertension	8-10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 0
23. Signature L. A. Turner (M. D. or other) 5.00
Address Nixa, Mo Date signed 1-27-42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 142-151
Date Filed JAN 30 1942

FEB 10 1942

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.