

FILED MAY 13 1942

Registration District No. 608

Primary Registration District No. 5807

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural Franklin Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(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) 30 yrs

8. (a) PRINT FULL NAME Elijah Carr Stamps

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased Feb. 9 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Elijah Carr Stamps Sr.
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah U. Young
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Stamps
(b) Address Stella, Mo. R#1

17. (a) Burial (b) Date thereof April 15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Camp

18. (a) Signature of funeral director Wm Morris Bogue

(b) Address wheaton, Mo.

19. (a) May 9-42 (b) Dana Gerster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Stella, MO. R#1
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year 1942 hour 10 minute a M.

21. I hereby certify that I attended the deceased from 3-10-1942 to 4-14-1942
that I last saw him alive on 4-10-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Peptic Ulcer

Due to Nephritis acute

Due to (9)

Other conditions (Include pregnancy within 3 months of death) HTA

Major findings: Of operations _____

Of autopsy _____

Duration

1 month

1 month

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) Accidents or injury _____

23. Signature Charles (M. D. or other) _____
Address Stella Mo Date signed 4/14/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 542-683

Date Filed MAY 12 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

Wm Morris Pogue

Licensed Embalmer No.

3442

P. O. Address

Wheaton, 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, above space should be left blank.