

S. No. 2
4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27921

FILED SEP 10 1942

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Rolla, Mo. Sum
(c) Name of hospital or institution McLain Hospital
(d) Length of stay: In hospital or institution 5 days
In this community 5 days
years, months or days

3. (a) PRINT FULL NAME Emad Stagner

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

4. Sex 21 5. Color or race w 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E.J. Stagner 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 24, 1890 (Year)

8. AGE: Years 52 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Chas. Thompson
13. Birthplace no record
14. Maiden name Elizabeth Webb
15. Birthplace no record

16. (a) Informant E.J. Stagner
(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 8/5/42
(c) Place: burial or cremation Mo. Herman Cemetery

18. (a) Signature of funeral director W. H. Spencer
(b) Address Salem, Mo.

19. (a) 8-3-1942 (b) J. Keller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Salem
(d) Street No. 1
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1942 hour 10:45 minute A.M.

21. I hereby certify that I attended the deceased from July 28
1942 to Aug 2 1942
that I last saw her alive on Aug 2 - 1942 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to
Due to

Other conditions 928
(include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury
23. Signature W. H. Spencer (d) Date signed

072 (Licensed Embalmer's Statement on Reverse Side)

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

81
2
2

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. W. McDonald

Licensed Embalmer No. *3806*

P. O. Address *Salem, Me*

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.