V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

State File No. 28108

Registration District No. 31b Primary Registration District No. 6075 Registrar's No. 105

1. PLACE OF DEATH:

(a) County: St. Francois Co.
(b) City or town: (near) Farmington, Missouri (If outside city or town limits, write "RURAL" and name of township) 0
(c) Name of hospital or institution: State Hospital No. 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 3 yr, 3 mos, 26 das.

2. USUAL RESIDENCE OF DECEASED: 94

(a) State: Missouri (b) County: Phelps 0
(c) City or town: Vida (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME: Margie Elizabeth Stogsdill
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: F. 1
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: William Stogsdill
6. (c) Age of husband or wife if alive: u.k. years
7. Birth date of deceased: August (Month) 12 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
56	11	23	hr. ..... min.

9. Birthplace: Dent Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business .....

MOTHER FATHER
12. Name: John Stogsdill
13. Birthplace: Missouri (City, town, or county) (State or foreign country) 0
14. Maiden name: Eliza Stern
15. Birthplace: Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant: Mull & Son
(b) Address: Rolla, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Pilnot Knob - Rolla
18. (a) Signature of funeral director: Mull & Son
(b) Address: Rolla, Mo.
19. (a) Aug. 13 1942 (Date received local registrar) (b) Byndia Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th year 1942 hour 11:50 minute A. M.
21. I hereby certify that I attended the deceased from May 9th, 1939, to August 4, 1942 that I last saw her alive on August 4th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia, terminal	2 days
Due to: Cerebral Hemorrhages	1st - 25 days, last - 1 day
Due to: Arteriosclerosis, generalized and moderate	
Other conditions: Pyelitis with Cerebral Arteriosclerosis (Include pregnancy within 3 months of death)	3 yrs +

Major findings:
Of operations: No operations
Of autopsy: no 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature: C. C. Quilt (M. D. or other)
Address: Farmington, Missouri Date signed 8/5/42

1176 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 942-1106

Date Filed 9-3-42

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed John A Reidert

Licensed Embalmer No. 2238

P. O. Address Farmington

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.