

FILED OCT 8 1942

Registration District No. 274

Primary Registration District No. 5936

Registrar's No. 305

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Smithton Route 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Smithton Route 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 25  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Smithton Route 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Stults

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Lavina Stults 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 3 1850  
(Month) (Day) (Year)

8. AGE: Years 91 Months 10 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

11. Industry or business Retired

12. Name Jonathan Stults

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

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J.J. Kehl

(b) Address Smithton Route 1

17. (a) Burial (b) Date thereof Sept. 1 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill.

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Nedalia Mo.

19. (a) 9/1/42 (b) Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 30 day \_\_\_\_\_  
year 11 hour \_\_\_\_\_ minute \_\_\_\_\_ a.m.

21. I hereby certify that I attended the deceased from Jan 1942  
19 \_\_\_\_\_ to Aug 11 1942

that I last saw him alive on Aug 10, 42 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death fall on head probably had Hemorrhage  
Due to \_\_\_\_\_

Due to Myocarditis Tubercular Peritonitis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1952 99

Duration

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) (g) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) me  
Address Nedalia Mo Date signed 9/1/42

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

80  
0  
0

Health Officer No. 8,

District File Number

Date Filed 10-7-42

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**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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.**