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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37793

Registration District No. 276 Primary Registration District No. 5944 Registrar's No.

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rural
(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 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps 81 0 0
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN. P. STULCE

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced 3 divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 7 (Day) 1876 (Year)

8. AGE: Years 66 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Marion Stulce
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Rachel Stotler
15. Birthplace (City, town, or county) N C (State or foreign country)

16. (a) Informant Nancy Lorts
(b) Address St James Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mounce Tenn

18. (a) Signature of funeral director W E Lickliter
(b) Address St James Mo

19. (a) 11-28-1942 (Date received local registrar) (b) Chancie Dickson (Registrar's signature)

1071

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27 year 1942 hour 5 minute 0 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Excessive Blood
Of autopsy ✓

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 Nov ~~26~~ 27
(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

23. Signature R. S. Hall Coron (~~M.D.~~ or other)
Address Rolla Mo Date signed 11/27/42

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 3546

P. O. Address [illegible]

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.