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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25061

State File No.

FILED AUG 9 1943
Registration District No. 1537

Primary Registration District No. 5514

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Henry

(b) City or town "Rural" Osage Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED: 42
0

(a) State Missouri (b) County Henry

(c) City or town "Rural" Brownington
(If outside city or town limits, write "RURAL")

(d) Street No. Osage Twp.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel Simon Stadler

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lelia Stadler 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 17 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Charles Stadler 4

13. Birthplace Austria-Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Freeman

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

16. (a) Informant Mrs. Lelia Stadler

(b) Address Rt. 1-Brownington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Finey Cemetery

18. (a) Signature of funeral director White-Reser

(b) Address Warsaw, Mo.

19. (a) July 16, 1943 (Date received local registrar) Georgia Kitchener (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 1 - 1941 to July 15 - 1943 that I last saw him alive on July 15 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 23 yrs
valvular heart lesion

Due to _____

Due to _____

Other conditions Chronic Nephritis 3 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations 1318
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? _____ (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) Means of injury _____
23. Signature James S Logan (M. D. or other) M.D.
Address Warsaw Mo Date signed 7/16/43

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

RECEIVED

District Health Officer No. 7.

District File Number 7-43-798

Date Filed 8-6-43

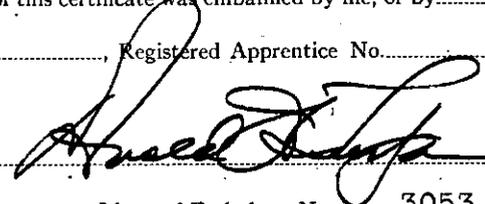
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3053

P. O. Address Warsaw, 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.

Handwritten notes: EMPHASIS