

S. No. 2  
OM-5-42  
v. 5-17-39  
X32873

7811

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

MAR 14 1944  
Registration District No. 230

Primary Registration District No. 5810

Registrar's No. 2

70  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Montgomery Co.

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

(c) Name of hospital or institution: XX  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX  
(Specify whether years, months or days)

In this community 10 Days  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery Co.

(c) City or town Bluffton, Mo. Rural  
(If outside city or town limits, write "RURAL")

(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 Frank James Stiers,

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17th year 1944 hour 5 minute 30 A. M.

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

21. I hereby certify that I attended the deceased from Feb 7 1944 to Feb 17 1944 that I last saw him alive on Feb 11 1944 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced 0

Immediate cause of death Mal nutrition Duration 10 days

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

7. Birth date of deceased Feb 7th 1944  
(Month) (Day) (Year)

Due to Deformity of back

8. AGE: Years Months Days If less than one day  
XX XX 10 hr. min.

Due to Injury in sacro lumber region which ruptured during labor and continued to drain

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

Other conditions labor and continued to drain  
(Include pregnancy within 3 months of death)

10. Usual occupation

Major findings: Of operations 157 mm Of autopsy

11. Industry or business

12. Name Walter Stiers,

13. Birthplace Bluffton, Ru Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Ethel McGarvin,

15. Birthplace Bluffton, Mo. Rural 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Glade Stiers

(b) Address Bluffton, Mo. R-10

17. (a) Burial (b) Date thereof Feb 21st 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluffton, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) (b) Date of occurrence

44 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) (e) Means of injury 0

23. Signature O. R. Rauchelbach (M. D. or other) Address Phuestand Mo. Date signed 2-17-44

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 3-13-44

---

---

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.

**This body was not embalmed**

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**