

FILED MAY 12 1944  
Registration District No. 12 1007

Primary Registration District No. 5780

1. PLACE OF DEATH:  
(a) County Miller Selvia  
(b) City or town Olean (Rural) Franklin  
(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)

3. (a) PRINT FULL NAME Ella Selvinia Stoddard  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased October 17 1871  
(Month) (Day) (Year)

8. AGE: Years 72 3/4 Months 5 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ludwig Kaiser  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Racheal Stevens  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Stoddard  
(b) Address Olean, Missouri

17. (a) Burial (b) Date thereof 4-18-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Phillips Funeral Home  
(b) Address Eldon, Missouri

19. (a) 4-18-44 (b) H. Spearman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 66  
(a) State Missouri (b) County Miller  
(c) City or town Olean (Rural) Selvia  
(If outside city or town limits, write "RURAL")  
(d) Street No. Franklin Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1944 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Apr 6  
1944 to Apr 16 1944  
that I last saw h. alive on Apr 15 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular's 1 Day  
Due to Inflammatory Rheumatism 10 days  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 582  
Of operations \_\_\_\_\_  
Of 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature H. D. Walker (M. D. or other)  
Address Eldon Mo Date signed 4/18/44

RECEIVED

Maier County Health Dept.

County File Number 44-45

Date Filed 5-3-44

**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

Louis D. Phillips

Registered Apprentice No.

working under my personal supervision.

Signed

*Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Eldon

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**