

Registration District No. 2995
DEAD JUL 1944

Primary Registration District No. 5744

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural - Carter
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Rural Carter 62
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME JOHN HENRY STATLER

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 Married

6. (b) Name of husband or wife Minnie Caroline Statler 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Feb. 25 1862
(Month) (Day) (Year)

8: AGE: Years 82 Months 4 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Sedgewickville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John Statler

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

14. Maiden name Mahala Seabough

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

16. (a) Informant Homer Statler
(b) Address R#2, City, Fredericktown, Mo.

17. (c) Removal (b) Date thereof 6-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bullinger Co. Mo.

18. (a) Signature of funeral director Stanley H. Dixon
(b) Address Fredericktown Mo.
19. (a) June 27 1944 (b) B. C. S. Laughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1944 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 1 1943 to June 25 1944 that I last saw him alive on June 25 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 24 yrs

Due to Valvular heart lesions, arteriosclerosis and general degeneration with age

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 12/16

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 _____

23. Signature W. Harry Barron (M. D. or other) _____
Address Fredericktown Mo. Date signed 6/26/44

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

RECEIVED

District Health Officer No. 4
District File Number 744-4018
Date Filed 7-6-44

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.

Signed.....

Licensed Embalmer No. 4193

P. O. Address. Fredericktown, 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.