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FILED DEC 8 1944

State File No.

Registration District No. 707

Primary Registration District No. 3032

Registrar's No. 117

1. PLACE OF DEATH:

(a) County John Pettis
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
322 West Gay St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 322 West Gay St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Van Stirlen

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

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

6. (b) Name of husband or wife Mollie E. Stirlen 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Mar 27 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 I hr. min.

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

10. Usual occupation Farmer & Stock

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin F. Stirlen
13. Birthplace Ind Indiana (City, town, or county) (State or foreign country)

{ 14. Maiden name Virginia Carl
15. Birthplace Ky Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Larkis Slusher

(b) Address 322 W. Gay

17. (a) Burial (b) Date thereof II-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director B. F. Parker

(b) Address La Monte Mo.

19. (a) Nov 30, 1944 (b) W. M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30
year 1944 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 1
1944 to Nov 29 1944
that I last saw him alive on 11-27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of tongue Duration 6 months

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: H. S.
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) (Specify type of injury)

23. Signature R. Lee Cooper (M. D. or other) M.D.
Address Warrensburg Mo. Date signed 11-28-44

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

1001

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. *1592*

P. O. Address..... *La Monte, Va.*

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.