. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9196

State File No.

Registration District No. 22 Primary Registration District No. 1000 Registrar's No. 275

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2420 Penn Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Not (Specify whether years, months or days)

In this community: 76 yr. 50 years months 27 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 2420 Penn Street 7
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Irving Hoagland Stout

3. (b) If veteran, name war: No

3. (c) Social Security No. 497-12-2369

4. Sex: Male 0

5. Color or race: White 1

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Bertha V. Stout

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: October (Month) 10 (Day) 1868 (Year)

8. AGE: Years 76 Months 4 Days 27 If less than one day hr. min.

9. Birthplace: Oxford (City, town, or county) New Jersey 1 (State or foreign country)

10. Usual occupation: Retired Salesman

11. Industry or business:

FATHER
12. Name: Jacob M. Stout
13. Birthplace: Oxford (City, town, or county) New Jersey 1 (State or foreign country)

MOTHER
14. Maiden name: Lydiann Goodison
15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: Bertha V. Stout
(b) Address: 2420 Penn St., St. Joseph, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/9/1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon St., St. Joseph, Missouri.

19. (a) 3-9-45 (Date received local registrar) (b) Helen V. Fickel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th. year 1945 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Mar 3, 1945 to Mar 7, 1945 that I last saw him alive on Mar. 3, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	3 or 4 days
Due to: Arteriosclerosis	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 94a
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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed 3-5-45

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1945

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 Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.