

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10357

Registration District No. 268

Primary Registration District No. 5-206-4396

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemissat Co
(b) City or town Wardell
(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 Mo (b) County Pemissat
(c) City or town Wardell Burial TX
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 3
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ (1)

3. (a) PRINT FULL NAME JAMES EDWARD STOW

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased Feb 17 45
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 9 If less than one day
hr. _____ min. _____

9. Birthplace Wardell mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Gerald B. Stow

13. Birthplace Cooter mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Pearl Van Brest

15. Birthplace Scott Co. Mo O
(City, town, or county) (State or foreign country)

16. (a) Informant Gerald Stow

(b) Address Wardell mo.

17. (a) Removal (b) Date thereof Feb/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell Cemetery

18. (a) Signature of funeral director Wardell Funeral Home

(b) Address Wardell mo.

19. (a) 2-26-45 (b) J.P. Pruey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2-24, 1945, to 2-25, 1945;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 820

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 _____

23. Signature G. E. Wilson (M. D. or other) MD

Address Kennett Mo. Date signed 2-26-45

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

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5/0

3-45-65

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.....

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.