S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 9 1945

State File No. 24694

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 84

1. PLACE OF DEATH

(a) County Phelps
(b) City or town Rolla, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nelle Lee Ferland O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81
(c) City or town Rolla 0
(If outside city or town limits, write "RURAL")
(d) Street No. Edgar Star Route 0
(If rural, give location)
(e) Citizen of foreign country? ~~(Yes~~ or No) 0
If yes, name country

3. (a) PRINT FULL NAME Russell Stogsdill
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 D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 14 (Day) 1943 (Year)
8. AGE: Years 1 Months 9 Days 1 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name Herbert Stogsdill
13. FATHER Birthplace Rolla (City, town, or county) Mo. 0 (State or foreign country)
14. MOTHER Maiden name Roma Hearna
15. MOTHER Birthplace Rolla (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Herbert Stogsdill
(b) Address Rolla Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Knob
18. (a) Signature of funeral director [illegible]
(b) Address Rolla Mo
19. (a) 7-27-45 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1945 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from June 21, 1945 to July 15, 1945 that I last saw h. alive on July 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis. — Duration

Due to Ruptured appendix.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Rolla Mo. Date signed 7-16-45

1413

(Licensed Embalmer's Statement on Reverse Side)

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. 3397

P. O. Address. Rolla 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.