

FILED MAR 28 1946

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 172

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: St. Joseph's Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks  
(Specify whether years, months or days)

In this community 72 Years  
(Specify whether years, months or 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. 1315 No. 10th. St. 7  
(If rural, give location) 0

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

If yes, name country \*

3. (a) PRINT FULL NAME Frank Albert Stouffer

3. (b) If veteran, name war None

3. (c) Social Security No. 486-30-1862

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8  
year 1946 hour 2 minute 40 P.M.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Louise T.

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September 11 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 15 1945 to Feb. 8 1946  
and that I last saw him alive on Feb. 8 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death Met. carcinoma lungs 6mo  
& spread (Record)

Due to Carcinoma of prostate 1yr.  
(Primary)

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Carlisle Penn. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

Major findings: Of operations 5/1/46

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business Western Tablet Co.

12. Name Albert Daniel Stouffer

13. Birthplace Carlisle Penn. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie S. Smith

15. Birthplace Carlisle Penn. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise T. Stouffer

(b) Address 1315 No. 10th. St.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Feb. 11, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Gadyfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Feb. 12, 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Frank J. Handigan (M. D. or other) 0  
Address 670 Monroe Date signed 2/8/46

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

3713

**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 *Herman W. Sidusader*

Licensed Embalmer No. *12728*

P. O. Address *St. Joseph, 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.**