

FILED JUN 27 1946

Registration District No. 27 Primary Registration District No. 3094 State File No. Registrar's No. 52

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Pleasant Gap Twp. RFD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Milo Eugene Stouffer

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife Virginia Rose Stouffer

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

7. Birth date of deceased June 3rd 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 11 24 hr. min.

9. Birthplace Elkhart Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name John Stouffer

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

14. Maiden name Amanda Beach

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Rose Stouffer

(b) Address RFD 6 Butler Missouri

17. (a) Burial (b) Date thereof 5/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cemetery

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

(b) Address Butler Missouri

19. (a) 5/29/46 (b) Kendall Perry
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town RFD Butler, Pleasant Gap TWP
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1946 hour 8 minute 15 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis

Due to _____

Due to _____

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

Major findings: died without medical attendant, found in pasture near his home.

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)

(c) Means of injury 3

23. Signature John G. Underwood (M. D. or other) Coroner

Address Butler Mo Date signed 5.2

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

14581

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 John G. Gludewaerl
Licensed Embalmer No. 3585
P. O. Address Butler Ind.

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.