

S. No. 2
M-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 3 1948 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17480

State File No. _____
Registrar's No. 4

Registration District No. 235 Primary Registration District No. 5817

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Rural Mill Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Seven miles S. W. Tipton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Seven Miles S. W. Tipton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME J. SHERMAN STODGELL
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophia Stodgell
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased November, 29th, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 20 hr. min.

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

10. Usual occupation Farmer
11. Industry or business Farm

MOTHER FATHER
12. Name W. A. Stodgell
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Carolyn Perkins
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sophia Stodgell
(b) Address Syracuse, Mo.

17. (a) Burial (b) Date thereof 5/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse, Mo.

18. (e) Signature of funeral director J. E. Richards

(b) Address St. Louis, Mo.

19. (a) 5-21-46 (b) Medford T. Parsons
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 19
year 46 hour 12:10 minute P M.
21. I hereby certify that I attended the deceased from May 19
1946 to May 19 1946
that I last saw him alive on May 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 10 hrs
Due to Arteriosclerosis

Due to ✓
Other conditions (Include pregnancy within 3 months of death)
Major findings: ✓
Of operations 94
Of autopsy 94

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)
Means of injury 0

23. Signature Dr. H. H. Boyle (M. D. or other) 21/48
Address Ottumwa Mo Date signed 5/20/46

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed James E. Richards
Licensed Embalmer No. 2466
P. O. Address Lepton me

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.