

S. No. 2  
DM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED SEP 11 1946** STANDARD CERTIFICATE OF DEATH

State File No. 27872  
Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 25

1. PLACE OF DEATH:  
(a) County Newton  
(b) City or town Stella  
(c) Name of hospital or institution: Stella Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Barry 5  
(c) City or town Purdy (Rural) 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 mi. west of Purdy 0  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emilie Anna Casper  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August, day 9  
year 1946 hour 4 minute 40 A.M.  
21. I hereby certify that I attended the deceased from 8-3 1946 to 8-9 1946  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Adolph Casper 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Nov. 23 1890  
(Month) (Day) (Year)

Immediate cause of death Subacute pyelonephritis; nephrolithiasis  
Duration Long

8. AGE: Years 55 Months 8 Days 16  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

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

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name John Bucholtz 4  
(City, town, or county) (State or foreign country)  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Stella Schmidt  
15. Birthplace Wis. 1  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Adolph Casper  
(b) Address Purdy, Mo.  
17. (a) Burial (b) Date thereof Aug 11, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ston's Prairie Cem. Blankenships  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Monett Mo.  
19. (a) SEP 16 1946 (b) Alpha Dyer  
(Date received local registrar) (Registrar's signature)

23. Signature C. Cardwell (M. D. or \_\_\_\_\_)  
Address Stella Mo. Date signed 8/11/46

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

MOTHER FATHER

369

(Licensed Embalmer's Statement on Reverse Side)

1948

SEP 10 1946

RECEIVED

District Health Officer No. *Newton*  
District File Number *946-126*  
Late Filed *SEP 10 1946*

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, ~~and~~

*L. H. Blankenship*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *L. H. Blankenship*

Licensed Embalmer No. *2397*

P. O. Address *Mouatt, 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.