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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36794**
Registrar's No. **207**

Registration District No. **137** Primary Registration District No. **3025**

1. PLACE OF DEATH: Henry
(a) County **Windsor**
(b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
309 S. Tebo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sameul D. Stahl**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **M** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **W** **2**
6. (b) Name of husband or wife **Berdie McCown**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 13, 1872**
(Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Grundy County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Rt. Railroad employee**
11. Industry or business **Railroad section**

MOTHER FATHER

12. Name **David L. Stahl**
13. Birthplace **Pike County, Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Elliott**
15. Birthplace **Hancock County, Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Stahl**
(b) Address **Windsor, Missouri**

17. (a) burial (b) Date thereof **Oct. 30, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Smithton, Missouri**

18. (a) Signature of funeral director **Hester - Jarrell**
(b) Address **Windsor, Mo.**

19. (a) 11-13-46 (b) **H. R. Kennedy**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry**
(c) City or town **Windsor**
(If outside city or town limits, write "RURAL")
(d) Street No. **309 S. Tebo**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28th**
year **1946** hour **2** minute **10** p. M.

21. I hereby certify that I attended the deceased from **Sept. 28**, 1946, to **Oct. 28**, 1946;
that I last saw him alive on **Oct. 28**, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Liver**
Duration **4 months**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**

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 _____

23. Signature **L. A. Buckmore** (M. D. or other) **M.D.**
Address **Windsor Mo.** **Date signed** **10-30-46**

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

97-61-11
1102-97-01

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. 3391

P. O. Address. Windsor, 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.