V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1947

Registration District No. 59

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~5099~~ 4099

State File No. 535

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Long
203 N. Armstrong
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Pleasant Hill, MO. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 205 N. Armstrong 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Cora L. Stufflebeam

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife William Stufflebeam

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

7. Birth date of deceased April 24 (Month) 1872 (Day) (Year)

8. AGE: Years 74 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Holden, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Hoisewife

11. Industry or business

FATHER
12. Name George Hamnen
13. Birthplace Holden, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Sarrah Summiner
15. Birthplace Holden Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Harry Vesper
(b) Address Pleasant Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-47 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Mo.

19. Jan. 15 1947 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1947 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 12-11, 1946 to 1-6, 1947
that I last saw her alive on 1-5, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYPOSTATIC PNEUMONIA	3 DAYS.
Due to SEVERE CACHEXIA	3 YEARS
Due to ARTHRITIS DEFORMANS - SEVERE	5 YRS.

Other conditions CARDIAC DECOMPENSATION
(Include pregnancy within 3 months of death)
AND FIBRILLATION - 1 WK

Major findings:
Of operations NONE PERFORMED 5913
Of autopsy NONE PERFORMED.

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

22. If death was due to external causes, fill in the following: NONE

(a) Accident, suicide, or homicide (specify) NONE

(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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred W. Ekleins (M. D. or other) MD.
Address Pleasant Hill Mo Date signed 1-8-47

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(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1947

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

By me 1-6-46, Registered Apprentice No.,

working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785.

P. O. Address Pleasant Hill

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.