No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16836

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town El Dorado Springs, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 214 W. Spring Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar 20
(c) City or town El Dorado Springs mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles A. Stutesman
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb (Month) 27 (Day) 1888 (Year)

8. AGE: Years 59 Months 2 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Self
FATHER
12. Name Charles A Stutesman
13. Birthplace (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name May F Kayser
15. Birthplace (City, town, or county) Worth (State or foreign country) Missouri
16. (a) Informant Mrs Bessie Jackson
(b) Address Harwood Mo. R.1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation El Dorado Springs
18. (a) Signature of funeral director Lurin Carothers
(b) Address El Dorado Springs mo.
19. (a) 5/6/47 (Date received local registrar) (b) J. C. Brennan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1947 hour 8 minute 6 M.
21. I hereby certify that I attended the deceased from Nov. 1946, 19 to May 2, 1947 that I last saw him alive on April 27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

13 B

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J W Dawson (M. D. ~~or other~~)
Address El Dorado Springs Date signed 5-3-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-47-705
Date Filed 6-9-47

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 Floyd E. Carathers

Licensed Embalmer No. 4419

P. O. Address El Dorado Springs

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.