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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37924

State File No.

Registration District No. 139 Primary Registration District No. 4225 Registrar's No. 76

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town Oregon 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louis Franklin Stalcup

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice Stalcup

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October (Month) 17 (Day) 1886 (Year)

8. AGE: Years 61 Months 0 Days 24 If less than one day hr. 0 min.

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

10. Usual occupation Contractor

11. Industry or business

FATHER
12. Name J B. Stalcup 1
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Isis Baker
15. Birthplace (City, town, or county) Unkown (State or foreign country) 9

16. (a) Informant Mrs. Alice Stalcup
(b) Address Oregon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 14 (Day) 1947 (Year)
(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettijohn
(b) Address Oregon Mo

19. (a) 11-14-47 (Date received local registrar) (b) J Chang (Registrar's signature) 1-22

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1947 hour 11 minute 15 a. M.

21. I hereby certify that I attended the deceased from Nov 9, 1947, to Nov 11, 1947
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94 A
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? None (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 E. F. Kearney (M. D. or other)
Address Oregon Mo Date signed 11-13-47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 James H. Pettijohn

Licensed Embalmer No. 3193

P. O. Address Oregon 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.