

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42211

Registration District No. 171

Primary Registration District No. 4266

Registrar's No. 1519

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Wellington
(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 whetherIn this community 77 yrs.
years, months or days)3. (a) PRINT FULL NAME DAVID M. STULTZ3. (b) If veteran, name war None 3. (c) Social Security No. no4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Martha Stultz 6. (c) Age of husband or wife if alive 73 years7. Birth date of deceased Oct 3 1868
(Month) (Day) (Year)8. AGE: Years 78 Months 10 Days 20 If less than one day
hr. min.9. Birthplace Warren Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Cat, Marshall

11. Industry or business

12. Name Hugh Stultz13. Birthplace Warren Co. Mo.
(City, town, or county) (State or foreign country)14. Maiden name Martha Barrett Stewart15. Birthplace Warren Co. Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Willard E. Stultz(b) Address Wellington, Mo.17. (a) Burial (b) Date thereof Aug 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Maecheloh Lem. Reinst.18. (a) Signature of funeral director Walter James H...(b) Address Wellington, Mo.
(c) Date received local registrar Sept 1-1947 (Registrar's signature) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Wellington
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 12
year 1947 hour 11:30 minute P M.21. I hereby certify that I attended the deceased from July
1946 to Aug 12 1947
that I last saw him alive on Aug 12 1947
and that death occurred on the date and hour stated above.Immediate cause of death Heart BlockDue to Carcinoma of stomachDue to [Signature]Other conditions [Signature]
(Include pregnancy within 3 months of death)Major findings: [Signature]
Of operations

Of autopsy

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

23. Signature R. B. Watts (M. D. or D. O.) [Signature]Address Wellington, Mo. Date signed 8-13-47

RECEIVED

District Health Officer No. 8,

District of Columbia

Date Filed

1-5-48

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 *W. P. Egan*

Licensed Embalmer No. *4205*

P. O. Address *Wellingwood*

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.