No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44201

Registration District No. 67 Primary Registration District No. 6268 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Rogersville, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(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 Christian 22
(c) City or town Rogersville, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles William Stow

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Lydia
6. (c) Age of ~~husband~~ or wife if alive 71 years
7. Birth date of deceased March (Month) 16 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	7	25	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Marvin M. Stow
13. Birthplace Unkown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Mary Edward
15. Birthplace Unkown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Lydia Stow
(b) Address Rogersville Mo. R#
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13-47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Roller Cem.
18. (a) Signature of funeral director Kelley-Ferrell-Bergman
(b) Address Rogersville, Missouri
19. (a) Jan 2 - 48 (Date received local registrar) (b) Lillie Barr (Registrar's signature) 58

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1947 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from 5 Nov, 1947, to 11 Nov/47, 19 ;
that I last saw him alive on 5 Nov/47, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Hemiplegia~~, cerebral apoplexy	1 wk.
Due to arteriosclerosis	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83A
Of autopsy

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

23. Signature L D Roper (M. D. or other) MD
Address Ozark, Mo Date signed 15 Nov. 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 148-107
Date Filed JAN 17 1948

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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Gardland 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.