S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 27 1948
Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-216

State File No. 15686
Registrar's No. 17286

18
0
0

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

1. PLACE OF DEATH:
(a) County Carter
(b) City or town Fremont (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of daughter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All Life (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carter 18
(c) City or town Fremont (rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ples Berryman Stogsdell
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Mary Stogsdell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 14 (Day) 1868 (Year)
8. AGE: Years 80 Months 2 Days 9 If less than one day hr. min.
9. Birthplace Texas County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Timber work
11. Industry or business
FATHER
12. Name John Stogsdill
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Mehaley Kenney
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Osie Guinn
(b) Address Centerville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 25 (Day) 48 (Year)
(c) Place: burial or cremation Pleasant Site
18. (a) Signature of funeral director Seaton Pewitt
(b) Address Van Buren Mo.
19. (a) April 25-48 (Date received local registrar) Mrs Octa Henson (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month april XX day 23
year 1948 hour 2 minute 30p M.
21. I hereby certify that I attended the deceased from 1944 to 4-23 1948
that I last saw him alive on 3-10 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	6 mo
Due to: chronic glomerulonephritis	2 yrs
~~Due to~~ nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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
23. Signature Frank J. Rusinski (M. D. or other) D.O.
Address Van Buren, Mo Date signed 4/28/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-17-48
District Health Officer No. 5,
District File Number 548326
Date Filed 5-25-48

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 Chas S. Pewitt, Registered Apprentice No. 11, working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.