U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33489

Registration District No. 187 — Primary Registration District No. 5704 — Registrar's No. 135

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Wheeling
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Wheeling 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE EDWARD STILABOWER

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

4. Sex M 0 — 5. Color or race W — 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Margaret Ann — 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug (Month) 19 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	12	hr. min.

9. Birthplace Lebanon (City, town, or county) Indiana / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

FATHER
12. Name Jacob Stilabower
13. Birthplace Ohio / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Johns
15. Birthplace Indiana / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. E. Stilabower
(b) Address Wheeling, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Laclede, Missouri

18. (a) Signature of funeral director Brothers Funeral Home
(b) Address Laclede, Missouri

19. (a) Oct-1-48 (Date received local registrar) (b) Frances B Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1948 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from 9-13, 1948, to 9-27, 1948;
that I last saw him alive on 9-27-48, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Uremia	
Due to Generalized Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 97	

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 [signature] (M. D. ~~or other~~)
Address Brookfield, Mo. Date signed 10/1/48

(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 W. P. Wright, Registered Apprentice No. 207, working under my personal supervision.

Signed W. G. Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, Missouri

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.