

DECD MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7151

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
(b) Township Masson Primary Registration District No. 3029 Registered No. 75
(c) City Nannibal (d) Street No. Levering Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 67 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Henman Stillwell
(a) Residence, No. 1623 Grace St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Linne May Foster Stillwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 10 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as saw mill, bank, etc. Proquiter Grocery Store
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Missouri

FATHER 13. NAME John Stillwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Martha Belle Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Linne May Foster Stillwell Nannibal, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand View DATE Feb. 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray P. Schwartz Nannibal, Missouri

20. FILED 7/29 1939 J. C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15th, 1939, to Feb. 20, 1939
I last saw him alive on Feb. 20, 1939 Death is said to have occurred on the date stated above, at 3:30 A. M.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset
Feb. 15

Other contributory causes of importance:

Hypostatic pneumonia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. C. Fisher M. D.

(Address) Nannibal, Missouri

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.