

S. No. 2
M-5-43
v. 5-17-39
I X36871

FILED FEB 13, 1947
Registration District No. 11

Primary Registration District No. 4024

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

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1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barry County Clinic
(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 Barry

(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME Paul Edgar Stumpff

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, 9th
year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Pluma A. Stumpff

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased January 28 1916
(Month) (Day) (Year)

Immediate cause of death: Fracture of first & second cervical spine with severance of cord

Due to Skull fracture

Other conditions (include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>11</u>	<u>11</u>	hr. _____ min.

9. Birthplace Shell Knob, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

175 E - 8

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER { 12. Name Edgar Stumpff

FATHER { 13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Stumpff
(City, town, or county) (State or foreign country)

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pluma A. Stumpff

(b) Address Cato, Missouri

17. (a) Burial (b) Date thereof 1-12-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olio Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Jan 30-1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence January 9th, 1947

(c) Where did injury occur? near Cato Barry Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? yes (Specify type of place) (e) Means of injury Falling tree

23. Signature Rehe Newman (M. D. or other) M.D.

Address Cassville, Missouri Date signed 1-10-47

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RECEIVED

District Health Officer No. 6

District File Number 247-208

Date Filed FEB 10 1947

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 *Margaret Culver*

Licensed Embalmer No. *4389*

P. O. Address *Cassville*

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.