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K47070

FILED JAN 20 1947

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 4320

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 St. Francois 94

(c) City or town Flat River, Mo. 5
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Mr. William Houston Stogell

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1946 hour 7 minute 30 p.M.

21. I hereby certify that I attended the deceased from Dec. 15 1946 to Dec. 19 1946 that I last saw him alive on Dec. 19 1946 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white Cauc.

6. (b) Name of husband or wife Grace Meeker Stogell 6. (c) Age of husband or wife if 59 years alive

7. Birth date of deceased: March 20 1886
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 5 days

8. AGE: Years Months Days If less than one day

67	8	19	hr. min.
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Due to _____

Due to _____

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

9. Birthplace Ypsanti, Mo. (City, town, or county) (State or foreign country) 0

Major findings: 83A

Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

10. Usual occupation not working

11. Industry or business _____

MOTHER FATHER { 12. Name Albie Stogell

13. Birthplace Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Susan Kemmer (State or foreign country) 0

15. Birthplace Mo. (City, town, or county) (State or foreign country) 0

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? _____

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

23. Signature H. C. Shepherd (M. D. or other) 0

Address Flat River, Mo. Date signed 1-7-47

16. (a) Informant Mr. Ernie Stogell, son (Son)

(b) Address Flat River, Mo.

17. (a) Buried (b) Date thereof Dec. 22-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View Cemetery

18. (a) Signature of funeral director Alvin W. Hood

(b) Address 303 Crane St. Flat River, Mo.

19. (a) 1-9-47 (b) Ether Redloff
(Date received local registrar) (Registrar's signature)

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

RECEIVED

Sanitary Health Officer No. 4
District File Number 147-82
Date Filed 1-15-47

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..... Alvin W. Hood.....

Licensed Embalmer No. 2780

P. O. Address 303 Olive St. Flat River, 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.