

DEC'D SEP 26 1938

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

29419

Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 572
(b) Township Mooreville Primary Registration District No. 5679 Registered No. _____
(c) City _____ (d) Street No. 1 mile NE. Mooreville, Mo. 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stanford N. Stout 330

(a) Residence, No. 1 mile NE. Mooreville, Mo. 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 Amanda J. Stout

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
77 5 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired rail-
road man C. B. &
9. Industry or business in which work was done, as saw mill, bank, etc. _____
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) Summerville,
New Jersey

FATHER 13. NAME Charles W. Stout

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summerville,
New Jersey

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Hellen Stout
(ADDRESS) R-R Mooreville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mooreville DATE 3-5, 1938

19. FUNERAL DIRECTOR F. B. Norman
(ADDRESS) Chillicothe Missouri

20. FILED Aug 5, 1938 Hazel Stanger
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 29, 1938 to Aug 3, 1938
I last saw him alive on Aug 3, 1938. Death is said to have occurred on the date stated above, at 12:40pm
The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Influenza July 29/38
Date of onset

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis Cholera 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) H. B. Carpenter, M. D.

(Address) Chillicothe Mo.
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STATEMENT BY LICENSED EMBALMER

I, Elton F. Norman, Licensed Embalmer No. 4036

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. R. Norman

L. E.

No. 2374 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Elton F. Norman

Licensed Embalmer No. 4036

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.)