

AUG 7 1939

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH25719  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Henry Registration District No. 349  
 (b) Township Springfield Primary Registration District No. 5500  
 (c) City Clinton (d) Street No. \_\_\_\_\_ 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 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EARL I STONE

(a) Residence, No. \_\_\_\_\_ 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 9 - 1921  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 11 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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 Life

12. BIRTHPLACE (CITY OR TOWN) Lincoln  
 (STATE OR COUNTRY) Benton Co MO

13. NAME Charles E Stone  
 14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Benton Co MO

15. MAIDEN NAME Mary Shoemaker  
 16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Benton Co MO

17. INFORMANT Mary Askin  
 (ADDRESS) Clinton MO

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. FUNERAL DIRECTOR (NAME) Fred Wilkinson  
 (ADDRESS) Clinton MO

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-11 1937 to 6-11 1939  
 I last saw him alive on 6-27 1939. Death is said to have occurred on the date stated above, at 5:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Osteomyelitis rt hip 12-10-37

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?  
 If so, specify \_\_\_\_\_  
 (Signed) James O. Smith, M. D.  
 (Address) Clinton MO

RECEIVED  
District Health Officer No. 7,  
District File Number 7-39-1082  
Date Filed 8-2-39

**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 Fred Willkies  
Licensed Embalmer No. 2478  
P. O. Address Clinton

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

25719  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349  
 (b) Township Springfield Primary Registration District No. 5500 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Earl G. Stone

(a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-9-1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
17 11 18

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) Lincoln Co. Mo.  
 (STATE OR COUNTRY) Benton Co. Mo.

FATHER  
 13. NAME Charles E. Stone

14. BIRTHPLACE (CITY OR TOWN) Benton Co. Mo.  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Mary S. Smaller

16. BIRTHPLACE (CITY OR TOWN) Benton Co. Mo.  
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mary Spasine  
Benton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) Fred Wilkinson  
Clinton Mo.

20. FILED Sept--1, 1939 McEdichy Simpson  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-11, 1937 to 6-11, 1939

I last saw him alive on 6-11, 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Acute melitis of hip  
 Date of onset 12/1/37

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) James D. Smith, M. D.  
Clinton Mo.  
 (Address)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

RECEIVED

1939  
S-25719

CO. DIRECTOR'S OFFICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C.