

N. B.—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.

Registration District No. 951

Primary Registration District No. 5037C.

Registrar's No. 16

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town R. #1 Centralia, Mo.
 (c) Name of hospital or institution:
At Home
 (d) Length of stay: In hospital or institution _____
 In this community Entire Life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Audrain
 (c) City or town R. #1 Centralia
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Dixie Lee Stoneberger 351
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 27
 year 1939 hour _____ minute _____ M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 30, 1939
 (Month) (Day) (Year)

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.

8. AGE: Years _____ Months 1 Days 27
 If less than one day _____ hr. _____ min.

Immediate cause of death Crownier Case
 Due to Natural Causes
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) Job

10. Usual occupation Baby

11. Industry or business _____
 12. Name Jewell Stoneberger
 13. Birthplace Mexico, Mo.
 14. Maiden name Delphana Davidson
 15. Birthplace Monroe Co. Mo.

PHYSICIAN _____
 Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Jewell Stoneberger
 (b) Address Centralia, Mo.
 17. (a) Elmwood Cem. Mexico Mo.
 (b) Date thereof 12/29/39
 (c) Place: burial or cremation Elmwood
 18. (a) Signature of funeral director Orvis Arnold
 (b) Address Mexico, Missouri
 19. (a) Dec 28-1939 (b) S. M. Mosley
 (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) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (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 _____
 28. Signature Orvis Arnold
 Address Mexico Audrain Co Date signed 12/27-39

RECEIVED

District Health Officer No. 10

District File Number 1-70-66

Date Filed JAN 6 1940

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.....

.....
working under my personal supervision.

Chris Amos, Registered Apprentice No.

Signed.....

Chris Amos
Licensed Embalmer No. 3569

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.