

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

2914
Do not use this space.

FILED FEB 16 1940

1. PLACE OF DEATH
(a) County Lewis Registration District No. 477
(b) Township 0 Primary Registration District No. 4286
(c) City Canton (d) Street No. _____
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
2. PRINT FULL NAME Charles W. Stinson 352
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

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 Della F. Beckett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 - 1869
7. AGE YEARS 70 MONTHS 10 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as saw mill, bank, etc. Newspaper
10. Date deceased last worked at this occupation (month and year) Jan 1940 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles Ill.

FATHER 13. NAME Aaron A. Stinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Benjamin Briggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles Ill.

17. INFORMANT Wm. Chas. W. Stinson (ADDRESS) Canton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hebron, Ill. DATE Jan 26 1940

19. FUNERAL DIRECTOR H. S. Kelly (ADDRESS) Canton Mo

20. FILED Jan 25 1940 H. W. Norris Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1940

22. I HEREBY CERTIFY, that I attended deceased from Jan. 19, 1940, to Jan. 22, 1940
I last saw him alive on Jan 22, 1940 Death is said to have occurred on the day stated above, at 11 P.m.

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

Cerebral Hemorrhage
arterio sclerosus

Date of onset

Other contributory causes of importance: J.N.

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) P. W. Jennings, M. D.

(Address) Canton Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 2-40-439

Date Filed FEB 14 1940

STATEMENT BY LICENSED EMBALMER

I, W S Kelly, Licensed Embalmer No. 1955

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W S Kelly

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)