

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15421

MAY 15 1940 1149
Registration District No.

Primary Registration District No. 5699

Registrar's No. 2

1. PLACE OF DEATH:
(a) County Mc Donald
(b) City or town Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 3 1/2 years, months or days (Specify whether)

3. (a) PRINT FULL NAME STOUT Rhoda Ann
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced m-
6. (b) Name of husband or wife Andy Stout 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Dec 16 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 2 If less than one day hr. min.

9. Birthplace unknown
(City, town, or county) (State or foreign country)
10. Usual occupation housewife

11. Industry or business
12. Name Albert N Cook
13. Birthplace Burnette Wis
(City, town, or county) (State or foreign country)
14. Maiden name Annae Hook
15. Birthplace Burnette Wis
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillie Mersman
(b) Address Tiff City Missouri
17. (a) (Burial, cremation, or removal) 11 (b) Date thereof May 19 1940
(Month) (Day) (Year)
(c) Place: burial or cremation W R Cemetery

18. (a) Signature of funeral director Lee J Carner
(b) Address Southwest City Mo
19. (a) 4-1-1940 (Date received local registrar) Lee J Carner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald
(c) City or town 0 (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18-
year 1940 hour 11:00 minute P M.
21. I hereby certify that I attended the deceased from 3-9, 1940, to 3-18, 1940;
that I last saw her alive on 3-18, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to myocarditis
Cardiac Congestion of Head
Due to _____
Other conditions Recent Spleen Enlargement (Referred)
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically

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? 461
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. J. K. Kammach (M. D. or other)
Address Southwest City, Mo Date signed 4-10-40

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.

WHILE I LEARN TO USE UNFADING INK—MAKE A PERMANENT RECORD

1-10851

RECEIVED

District Health Officer No. 6,

District File Number 540-1298

Date Filed MAY 13 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. L. Caneel

Licensed Embalmer No. 2740

P. O. Address Pineville - 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, above space should be left blank.