DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15889

Registration District No. 744 Primary Registration District No. 3035 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Her Home - 526 N. MAIN STREET (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond (If outside city or town limits, write "RURAL")

(d) Street No. 526 N. Main St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME QUEEN STONE ALNUTT

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife WILLIAM ALNUTT 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased December 31, 1882 (Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace RICHMOND (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation Book keeper

11. Industry or business

FATHER
12. Name GEORGE A. STONE
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MOLLY HUDGINS
15. Birthplace RICHMOND (City, town, or county) MO. (State or foreign country)

16. (a) Informant's own signature Will Alnutt

(b) Address 526 N. Main St., Richmond Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 30, '40 (Month) (Day) (Year)

(c) Place: burial or cremation CITY Cemetery

18. (a) Signature of funeral director [signature]

(b) Address 302 E. MAIN ST. RICHMOND MO

19. (a) May 6 - 1940 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1940 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from Dec 7 - 39, 1940, to April 29, 1940 that I last saw her alive on April 29, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to	
Due to	
Other conditions Uremic poisoning (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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? 945 (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. E. G. Kerr (M.D. or other)

Address Richmond, Mo Date signed May 6 '40

(Licensed Embalmer's Statement on Reverse Side)

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. 8,
District File Number
Date Filed 5-14-40

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 J. B. Brother, Registered Apprentice No. Brothers Funeral Home working under my personal supervision.

Signed J. B. Brother

Licensed Embalmer No. 2001

P. O. Address Richmond

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.