

Registration District No. 184 Primary Registration District No. 5285 #110 Registrar's No. 14

1. PLACE OF DEATH:
 (a) County Christian
 (b) City or town Finley Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Clark R.R.
 (If not hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No. (Specify whether
 In this community Yes
 years, months or days)

8. (a) PRINT FULL NAME Wm. H. Stine 350
 8. (b) If veteran, name war No. 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased March 3 1906
 (Month) (Day) (Year)

8. AGE: Years 34 Months 3 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation clerk

11. Industry or business Clarking hardware store

12. Name Wm. Stine

13. Birthplace MO
 (City, town, or county) (State or foreign country)

14. Maiden name Latta R. Bellamy

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

16. (a) Informant Wm. Stine
 (b) Address Clark Mo.

17. (a) Buried (b) Date thereof June 8-15-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richwood Cemetery
T. B. Chaffin
 18. (a) Signature of funeral director
 (b) Address Clark Mo.
 19. (a) July 30 1940 (b) Loretta Leonard
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
 year 1940 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from May
 _____, 1939, to June 6, 1940,
 that I last saw him alive on June 5, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death uremia
 Duration _____

Due to Hypertrophy of heart and chronic nephritis 14 months

Due to _____
 Other conditions 121
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
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? 170
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Wade (M. D. or other) 1
 Address Clark Mo Date signed 6/11/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2

RECEIVED

District Health Officer No. 6,

District File Number 840-2494

Date Filed AUG 20 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.....

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.