DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 9 1940

Registration District No. 288

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5406

State File No. 25092

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: R. F. D. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

(d) Street No. R. F. D. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Harmon Stout Jr. 330

3. (b) If veteran, name war World

3. (c) Social Security No. None

4. Sex M

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Geraldine Waltrip Stout

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased October (Month) 4 (Day) 1896 (Year)

8. AGE: Years 43 | Months 9 | Days 14 | If less than one day _____ hr. _____ min.

9. Birthplace Greenfield (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Thomas Harmon Stout Sr.
13. Birthplace Greenfield (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Nancy E. Carlton
15. Birthplace Greenfield (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant's own signature Mrs Geraldine W. Stout

(b) Address Kennett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge-Kennett

18. (a) Signature of funeral director Paul Salmon

(b) Address Kennett Mo.

19. (a) 7-20-40 (Date received local registrar) (b) Wheeler Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1940 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from July 17th 1940, 11 P.M., 19__, to July 18, 1940; that I last saw h_____ alive on July 18, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary Occulsion	
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. R. Prewell (M. D. or other)

Address 204 So. Main St Kennett Mo Date signed

(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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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