

Registration District No. **735**

Primary Registration District No. **3034**

Registrar's No. **177**

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mc Cormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days)
3. (a) PRINT FULL NAME Clara Marie Stinson
3. (b) If veteran, name war _____ No. _____
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 Ralph Stinson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov 23 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 9 - _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Harvey Hardwick

13. Birthplace Mo. (State or foreign country)

14. Maiden name Ethel Parrish (State or foreign country)

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

16. (a) Informant Ralph Stinson

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Aug 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holliday Mo

18. (a) Signature of funeral director Malrah Anderson

(b) Address Moberly Mo

19. (a) Aug 25-40 (b) Frank Willard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 502 Mc Kinley
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1940 hour 11 minute 20 a.m.

21. I hereby certify that I attended the deceased from Aug 20 - 1940, to Aug 23 1940
that I first saw him alive on Aug 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Duration 8/9/40

Due to Ruptured Appendix

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

Major findings: Appendicitis Absent
Of operations Gangrenous Cecum, Splenitis
Of autopsy peritonitis
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? 925
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature F. L. McCormick (M.D. or other) M.D.
Address 319 Grand Ave Moberly Mo Date signed 8-25-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 9-40-1820

Date Filed SEP 18 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 Frank B. Well

Licensed Embalmer No. 3021

P. O. Address Moberly 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.