

No. 2
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3422

Registration District No. 547

Primary Registration District No. 5738

Registrar's No. 35

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Rural (Mason) *MM*
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion *64*
(c) City or town Rural *9*
(If outside city or town limits, write "RURAL")
(d) Street No. Hannibal R.R. # 3
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Louis Monroe Stone
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 26
year 1941 hour 10⁴⁵ A.M. Minute _____ M.

4. Sex Male race White
5. Color or race _____
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora
6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased April 6 1968
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August
1940 to Jan. 25, 1941
that I last saw him alive on Jan. 22, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 9 18 hr. min.

Immediate cause of death Pyelo-nephritis
Duration _____

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

Due to _____
Due to _____

10. Usual occupation Retired Farmer

Other conditions Hypertension
(include pregnancy within 3 months of death)

11. Industry or business _____
12. Name James Stone
13. Birthplace Ind. (City, town, or county) (State or foreign country)
14. Maiden name Eva Huliman
15. Birthplace Ind. (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant James I. Stone
(b) Address Hannibal R.R. #3
17. (a) Removal (b) Date thereof 1 26 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chilllicothe Mo.

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? _____

18. (a) Signature of funeral director *Jac. O'Hanley*
(b) Address Hannibal Mo.
19. (a) Jan 25 41 (b) *W. E. Fisher*
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Manner of injury _____
23. Signature *E. R. Motley* M.D. or other _____
Address Hannibal, Mo. Date signed Jan 25 41

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

MOTHER FATHER

64
9

0

1370 W

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

Jan 25 41

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  *Harold P. Donnell*

Licensed Embalmer No. *3889*

P. O. Address *Donnell, Mo*

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

If this body is not embalmed, fact should be so stated above.