

FILED FEB 18 1941 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3857
Do not use this space.

1. PLACE OF DEATH
(a) County Coles Registration District No. 1681
(b) Township Catmon Primary Registration District No. 8405 Registered No. 1
(c) City Amador (d) Street No. 1 St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Edward Stone
(a) Residence, No. 0 St. 0 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 - 1871
7. AGE YEARS 69 MONTHS 9 DAYS 19 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylorville Ill
13. NAME John Stone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Md
15. MAIDEN NAME Elizabeth Stone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Ind
17. INFORMANT (ADDRESS) Ray Stone Charlesville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Dec 10 1940
19. FUNERAL DIRECTOR (ADDRESS) Harvey Harrow Clarksville Mo
20. FILED 1940 Martha Tanner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1940
22. I HEREBY CERTIFY, That I attended deceased from 1938, to Dec 8 1940
I last saw him alive on Dec 7 1940 Death is said to have occurred on the date stated above, at 2:30 pm
The principal cause of death and related causes of importance were as follows:
Myocarditis
Date of onset
1938
Other contributory causes of importance:
Arthritis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) C. L. B. Ambrose M. D.
(Address) Paysville Mo

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. 10

District File Number 2-41-340

Date Filed FEB 15 1941

STATEMENT BY LICENSED EMBALMER

I, Harry L. Carroll, Licensed Embalmer No. 2439

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Harry L. Carroll

Licensed Embalmer No. _____

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.)