

No. 2
1-10-39
-17-39
X21492

MAR 14 1941

Registration District No. 79

Primary Registration District No. 5116

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural - Bourbon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 Most all of life
years, months or days

3. (a) PRINT FULL NAME Naoma Roberts Stone

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 1 - 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Randolph Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Wf.

11. Industry or business _____

12. Name Henry Slaughter

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

14. Maiden name Don't know

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

16. (a) Informant Mrs. J. T. Bradley

(b) Address Sturgeon, Mo.

17. (a) Burial (b) Date thereof 2-21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Percha

18. (a) Signature of funeral director Barnes & Booth

(b) Address Sturgeon, Mo.

19. (a) Feb. 20 - 1941 (b) At Booth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone 10

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Near Sturgeon 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th
year 1941 hour Two minute 10 a. m.

21. I hereby certify that I attended the deceased from May 20
1940 to Feb 18, 1941;

that I last saw her alive on Feb - 16, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Pay letic Stroke
offering entire left side
of body

Due to Injury from fall last
May 1940 causing severe
burn. In infection

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations ✓

Of autopsy ✓

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?
occurred at home of J. T. Bradley near
(Specify type place) Sturgeon

While at work? _____ (e) Means of injury _____

23. Signature W. A. Robinson (M. D. or other) ✓

Address Sturgeon Mo. Date signed 2-20-41

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

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..... *R. E. Boothe*

Licensed Embalmer No. *4187*

P. O. Address *Sturgeon, 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.