

FILED DEC 9 1941

Registration District No. **470**

Primary Registration District No. **3633**

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 74 days (Specify whether
In this community 74 days years, months or days)

3. (a) PRINT FULL NAME George Warren Stines

3. (b) If veteran, name war No 3. (c) Social Security No. 490-10-066

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel Blevins Stines 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased November 29th 1898 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>42</u> | <u>11</u> | <u>28</u> | hr. min. |

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

10. Usual occupation Marble worker

11. Industry or business Carbonundum planer in marble shed

MOTHER FATHER { 12. Name Russel Grant Stines
13. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Maud May Ozburn
15. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Missouri State Sanatorium

17. (a) burial (b) Date thereof 11-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carthage Mo.

18. (a) Signature of funeral director Ed C. Palmer
(b) Address 1208 S. Garrison
19. (a) 11-27-1941 (b) D. Hoffman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2 (If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th
year 1941 hour 1:05 minute P M.

21. I hereby certify that I attended the deceased from Sept. 15 1941 to Nov. 27th 1941
that I last saw him alive on Nov. 27th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Over 2 yrs
acute Pancreatitis
(acute 6 wks) 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13 fl

Of autopsy same

Duration

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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature D. Hoffman (M. D. or other) MD
Address Carthage Mo Date signed 11-27-41

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

RECEIVED

District Health Officer No. 6,

District File Number 1241-1788

Date Filed DEC 8 1941

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} ~~was~~ embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John Dennehy

Licensed Embalmer No. 41940

P. O. Address Carthage 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, fact should be so stated above.