

1. PLACE OF DEATH: Vernon  
 (a) County \_\_\_\_\_  
 (b) City or town Vernon - Washington Co.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hosp # 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 wks 5 months  
 (Specify whether \_\_\_\_\_)  
 In this community same  
 years, months or days)

3. (a) PRINT FULL NAME Margaret Alice Stone  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Alvin L Stone  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug 10 1863  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 10  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saline Co Mo. 0  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Allen Martin  
 13. Birthplace Mo. 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mo. 9  
 15. Birthplace Mo. 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Pres. Reed

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 12/20/41  
 (burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo.

18. (a) Signature of funeral director G. F. King

(b) Address Aurora Mo.

19. (a) Dec 22 41 (b) Allen L. Hays  
 (Date received local registrar) (Registrar's signature)  
795

2. USUAL RESIDENCE OF DECEASED: 108  
 (a) State Mo. (b) County Greene 9  
 (c) City or town Springfield  
 (If outside city or town limits write "RURAL") 0  
 (d) Street No. 450 Cherry  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20  
 year 1941 hour 5 minute 20 P. M.  
 21. I hereby certify that I attended the deceased from Nov 15  
 1938, to Dec 20 1941  
 that I last saw her alive on Dec 20 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Degenerative Myocarditis  
 Due to General arteriosclerosis  
 Due to Sensitization  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death) 938

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 0

23. Signature W. J. Greener (M. D. or other) \_\_\_\_\_

Address Meruda Date signed 12/20/41

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

008

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2113

Date Filed 1-6-42

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**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

*Herman Sumridge*

Licensed Embalmer No.

3072

P. O. Address

Curran 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.**