

No. 2
9-4-41
5-17-39
X-29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1942
Registration District No. 411

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6968
Registrar's No. 57

Primary Registration District No. 2002

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin City
(c) Name of hospital or institution St. Johns Hospital.
(d) Length of stay: In hospital or institution 4 days
In this community 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 2528 Maiden Lane
(e) Citizen of foreign country? American

3. (a) PRINT FULL NAME Santford B. Stout.
3. (b) If veteran, name war No
3. (c) Social Security 500-09-1696

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2- day 26th
year 1942 hour 3 minute AM.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, married
6. (b) Name of husband or wife Lucy Stout
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Nov. 30th 1874

21. I hereby certify that I attended the deceased from Feb 23, 1942 to Feb 24, 1942
that I last saw him alive on Feb 24, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 3 Days 26
If less than one day hr. 1 min.

Immediate cause of death Pneumonia (static) / hypoxia
Due to Cardia-Vascular disease with hypertension
Due to arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

9. Birthplace York Co. Neb
10. Usual occupation retired Farmer
11. Industry or business same

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

MOTHER FATHER
12. Name M. J. Stout
13. Birthplace Indiana
14. Maiden name Mary J. Primrose
15. Birthplace Indiana

16. (a) Informant Lucy Stout
(b) Address 2530 Maiden Lane, Joplin Mo.
17. (a) Burial (b) Date thereof 2-28-42
(c) Place: burial or cremation Fairview Cemetery Hurlbut Und. Co.
18. (a) Signature of funeral director Joplin Mo.
(b) Address Joplin Mo.
19. (a) 2-28-42 (b) Hertude Sudholter

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?
(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 A. H. Crawford (M. D. or other)
Address Joplin Mo. Date signed

1207 (Licensed Embalmer's Statement on Reverse Side)

2-25-42

42-2-148

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:

Steve D. Parker

Licensed Embalmer No.

2548

P. O. Address

Poplar Hill

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6968

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Santford B. Stout

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Nov 30
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days _____ if less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year _____ Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____ Duration _____

Bilateral hypostatic pneumonia
Due to Cardio-Vascular disease
Due to with hypertension

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

Major findings: Of operations _____

Of autopsy _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature A. P. Crawford (M. D. or other) _____

Address 504 7th St. Joplin, Mo. Date signed 4-7-42

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

SUPPLEMENTARY

