

1. PLACE OF DEATH: **Adair**
 (a) County **Adair**
 (b) City or town **Novinger Rural** (Rural)
 (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.....
 In this community.....
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Adair**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Milbern Stinson**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **6**
 year **1942** hour **9** minute **30** P. M.
 21. I hereby certify that I attended the deceased from **JAN 1**
1939 to **April 4**, 19**42**
 that I last saw h. l. m. alive on **April 4**, 19**42**
 and that death occurred on the date and hour stated above.

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Francis Stinson**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased. **1** (Month) **5** (Day) **1855** (Year)

Immediate cause of death **Prostatitis Nephritis**
 Due to.....
 Due to.....

8. AGE: Years **87** Months **3** Days **1**
 If less than one day hr. min.

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.

9. Birthplace **Linn Co / Iowa**
 (City, town, or country) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business
 12. Name **Andrew Stinson**
 13. Birthplace **Penn**
 (City, town, or country) (State or foreign country)
 14. Maiden name **Catherine Weaver**
 15. Birthplace **Penn**
 (City, town, or country) (State or foreign country)

16. (a) Informant **Clyde Stinson**
 (b) Address **Novinger Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-8-42**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Collet Cemetary**

18. (a) Signature of funeral director **OSPELILUS**
 (b) Address **Highville Mo**

19. (a) **4/16/42** (Date received local registrar) (b) **Mrs. J. L. Weaver** (Registrar's signature)

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 **Ch. Martens** (M. D. or other) **do**
 Address **Highville Mo** Date signed **4-15-42**

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

100

1049

RECEIVED

District Health Officer No. 10

District File Number 5-42-1141

Date Filed MAY 19 1942

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 Mrs. Laura Riley.....

Licensed Embalmer No. 3407.....

P. O. Address Kirksville 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.