

S. No. 2  
4-13-40  
5-17-38  
D. I. 1-28-140

14843

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 9 1942

Registration District No. 497

Primary Registration District No. 5661A

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Browning  
(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 Life time  
years, months or days

3. (a) PRINT FULL NAME Oscar Stone

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nellie Stone

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February 22, 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>1</u>	<u>16</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business retired

MOTHER FATHER

12. Name David Stone

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

14. Maiden name Martha Bennett

15. Birthplace Linn Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Drake

(b) Address Browning Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof April 11, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Wynndell Cem. Browning

18. (a) Signature of funeral director Shoener

(b) Address Wilton Mo. (Frank D.)

19. (a) April 10, 42 (Date received local registrar)

(b) Geo. H. Anderson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 58

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
year 1942 hour 8 minute 45 p. M.

21. I hereby certify that I attended the deceased from Jan 1, 1940 to April 8, 1942  
that I last saw him alive on April 7, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous prostate - liver metastases

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 1 yr

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)

(c) Means of injury 0

23. Signature J. R. Martler (M. D. or other)

Address Browning Mo. Date signed 4/10/42

1227

(Licensed Embalmer's Statement on Reverse Side)

**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

*Frank D. Schoen*

Licensed Embalmer No.

*2016*

P. O. Address

*Melan, 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.**



