

FILED JUN 9 1942  
Registration District No. 892

Primary Registration District No. 4541

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Wayne  
(b) City or town Williamsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether years, months or days)  
In this community X

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne  
(c) City or town Williamsville  
(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 X

3. (a) PRINT FULL NAME Harold Woodrow Stinson

3. (b) If veteran, no name war. .... 3. (c) Social Security No. 489-14-8574

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife male 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased Dec 24 1913  
(Month) (Day) (Year)

8. AGE: Years 28 Months 5 Days 8 If less than one day .hr. .min.

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

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER { 12. Name W. J. Stinson  
13. Birthplace Desora Mo (City, town, or county) (State or foreign country)  
14. Maiden name Rhoda King  
15. Birthplace Brunswick Mo (City, town, or county) (State or foreign country)

16. (a) Informant Rhoda Stinson  
(b) Address Williamsville Mo.  
17. (a) Burial (b) Date thereof 5-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Desora Mo.

18. (a) Signature of funeral director W. J. Stinson  
(b) Address Williamsville Mo.  
19. (a) May 2 1942 (b) Mrs. Lottie Manns  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1942 hour 5:15 minute P M.

21. I hereby certify that I attended the deceased from his last see him till 10:00 to death 19... that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death acute gastritis

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

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

23. Signature W. J. Stinson (M. D. or other) M. D.  
Address Williamsville Mo Date signed 5-2-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

118.3

1103

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

11  
00

LP

JAN 10 1945

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

Signed Norman W. Gusti

Licensed Embalmer No. 5387

P. O. Address Piedmont 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.**