

1. PLACE OF DEATH:

(a) County Audrain  
 (b) City or town MEXICO  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Audrain County Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1/2 Hour  
(Specify whether years, months or days)  
 In this community 6 MONTHS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
 (c) City or town MEXICO  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 216 E- Boulevard  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Sylvia ANITA STONER

3. (b) If veteran, name war No  
 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive 47 years  
 7. Birth date of deceased April 21 1903  
(Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days 8  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Charley Minks  
 13. Birthplace Chariton Co Mo. 0  
(City, town, or county) (State or foreign country)  
 14. Maiden name Rose Clayburg  
 15. Birthplace Chariton Co Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles R. STONER  
 (b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 3-4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salsbury, Mo.

18. (a) Signature of funeral director [Signature]  
 (b) Address [Address]

19. (a) 2/29/44 (b) Margaret A. Mackie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29  
 year 1944 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from Feb 29  
 1944 to 1944 FEB 29  
 that I last saw her alive on FEB. 29 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus 45 minutes

Due to Atherosclerosis  
Hypertension

Due to \_\_\_\_\_  
 Other conditions Cardio Nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 1310

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?  
(Specify type of place)

While at work? 0 (Specify type of place) (c) Means of injury 0

23. Signature [Signature] (M. D. or other) MD  
 Address Mexico Mo Date signed 2/29/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAR 1 3 1944

RECEIVED

District Health Officer No. 10

District File Number 3-44-635

Date Filed MAR 1 0 1944

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

*[Handwritten Signature]*

Licensed Embalmer No. 3569

P. O. Address Winnipeg, Man.

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.