

FILED AUG 2 1944

State File No. _____

Registration District No. 28

Primary Registration District No. 4031

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Adrian
(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 years, months or days)

In this community 74 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Adrian
(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 Elizabeth A. Stone

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J. W. Stone

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased January 18 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name W. G. Black

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

14. Maiden name Mary Ann Russell

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

16. (a) Informant Mrs. Leila Hughes

(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 6 24 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director Creath & Sif

(b) Address Adrian Mo.

19. (a) 6-21-44 (b) Elanthe Sif
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1944 hour II minute 45 A. M.

21. I hereby certify that I attended the deceased from June 20
1944 to June 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions Ja!
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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) (e) Means of injury _____

23. Signature P. E. Robinson (M. D. or other) _____

Address Adrian Mo. Date signed 6-21-44

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

RECORDED

Disposal Health Officer No. 7,

Disposal File Number 7-44-920

Date Filed 8-7-44

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..... *Adrian Mo*

Licensed Embalmer No. 3650

P. O. Address Adrian 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.