

S. No. 2
-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32848

FILED NOV 4 1944

Registration District No. 25

Primary Registration District No. 3007

Registrar's No. 332

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

1. PLACE OF DEATH ##### Butler
 (a) County Butler
 (b) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Poplar Bluff Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days (Specify whether
 In this community 2 days
 years, months or days)

3. (a) PRINT FULL NAME John Ellis Stone
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 1 1867
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>9</u>	hr. _____ min.

9. Birthplace Ky. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Johnson Stone
 { 13. Birthplace No record (City, town, or county) (State or foreign country)
 { 14. Maiden name Harriett Williams
 { 15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant H. O. Stone
 (b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 10-11-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of informant Blankenship Strickland
 (b) Address Dexter, Mo.

19. (a) 10-18-44 (b) Belle Turner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard 108
 (c) City or town Dexter
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 3
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
 year 1944 hour 2:10 minute 0 M.

21. I hereby certify that I attended the deceased from 10-8, 1944, to 10-10, 1944
 that I last saw him alive on 10-10, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Blame myocardial infarction
Blame nephritis
 Due to _____
 Due to 131b
 Other conditions (Include pregnancy within 3 months of death) _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations none
 Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) none
 (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 Blm Henderson (M. D. or other) _____
 Address Poplar Bluff Mo Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 1144-1456

Date Filed 11-3-44

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 _____

Licensed Embalmer No. 2479

P. O. Address Dexter, 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.