

S. No. 2
DM-2-43
v. 5-17-39
-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37453**

FILED DEC 12 1944

Registration District No. **62**

Primary Registration District No. **4108**

Registrar's No. **2**

1. PLACE OF DEATH: **Cedar**

(a) County **Cedar**

(b) City or town **Stockton, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **XXX**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XX** (Specify whether years, months or days)

In this community **XX**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CEDAR** **20**

(c) City or town **STOCKTON** **0**

(d) Street No. **CORNER CHURCH AND EAST** **0**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **XX**

3. (a) PRINT FULL NAME **Serelda Caroline Stinson**

3. (b) If veteran, name war **XXX**

3. (c) Social Security No. **XX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10**
year **1944** hour **5** minute **P.M.**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, married, divorced, widowed **2 divorced widowed**

6. (b) Name of husband or wife **James H. Stinson** 6. (c) Age of husband or wife if live **XXXX** years

7. Birth date of deceased **March 14, 1884**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11-10, 1944**, to **11-10, 1944**; that I last saw him alive on **11-10, 1944**; and that death occurred on the date and hour stated above.

8. AGE: Years **90** Months **7** Days **26** If less than one day **XXXXXXX** hr. min.

Immediate cause of death **Coronary a.c.c.** **1 da.**

Due to **Arteriosclerosis** **yrs.**

Due to **Hypertension** **yrs.**

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Illinois** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Major findings: Of operations **94a**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business **XXXX**

12. Name **Thomas Reeves**

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

14. Maiden name **Warden**

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

16. (a) Informant **Mrs. Stinson**

(b) Address **Stockton, Mo.**

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?

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-11-1944** (Month) (Day) (Year)

(c) Place: burial or cremation **Gum Springs**

18. (a) Signature of funeral director **CHURCH AND NEALE**

(b) Address **STOCKTON, MISSOURI**

19. (a) **11-29-44** (Date received local registrar) (b) **Mrs. Ethel Church** (Registrar's signature)

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

23. Signature **Wm. B. Richter** (M. D. or other) **0**

Address **Stockton, Mo.** Date signed **11-22-44**

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

20
0
0

1298

EMBALLED

Disposal Officer No. 71

Disposal File Number 11-44-1280

Date Filed 12-8-44

JAN 12 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Melvin Church

Licensed Embalmer No.

3272

P. O. Address

Stockton 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.