

**FILED** SEP 22 1945

Registration District No. 14

Primary Registration District No. 3075

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Hawaii  
(b) City or town West Plains  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 10 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Hawaii  
(c) City or town A. Fork  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. S.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME S. Bailey Stonecipher

3. (b) If veteran, X name war World War I 3. (c) Social Security No. 492-05-2911

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

(b) Name of husband or wife Era Stonecipher 6. (c) Age of husband or wife if alive 46 years  
X 7. Birth date of deceased 2 (Month) 16 (Day) 1895 (Year)

8. AGE: Years 50 Months 7 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Richwood, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

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

X 12. Name Frank Stonecipher

X 13. Birthplace Richwood, Ill. (City, town, or county) (State or foreign country)

X 14. Maiden name Mera Stout

X 15. Birthplace Richwood, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. B. Stonecipher

(b) Address South Fern MO

17. (a) \_\_\_\_\_ (b) Date thereof 7/24/45 (Month) (Day) (Year)

(c) Place: burial or cremation Marydale, Ark.

18. (a) Signature of funeral director W. H. Stonecipher

(b) Address West Plains, MO

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23 year 1945 hour about 2:00 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Crushed to death under stack trailer when he stepped due to the guard chain & the dogs slipped hitting the neck broken - chest crushed  
Due to right leg broken  
Other conditions \_\_\_\_\_ (Include pregnancy within 7 months of death)

Duration

Major findings: Of operations 2, 6  
Of autopsy NO 40

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) accident  
(b) Date of occurrence July 23 - 45  
(c) Where did injury occur? Newberry Garage (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place  
(Specify type of place) \_\_\_\_\_  
(e) Means of transport \_\_\_\_\_  
23. Signature W. H. Stonecipher (M.D. or County) \_\_\_\_\_  
Address West Plains, MO Date signed 8/1/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 945-385-

Date Filed 9-21-45-

SEP 27 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

*D. D. Roberts*

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.**