

FILED DEC 15 1945 STANDARD CERTIFICATE OF DEATH

State File No. 37642

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 211

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: McCune-Brooks Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mo. 5 days
 (Specify whether years, months or days) 2 mo. 5 days
 In this community

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Newton 73
 (c) City or town Neosho, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 727 E. Joplin St.
 (If rural, give location)
 (e) Citizen of foreign country? No 1 (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Mae Stinson
 (b) If veteran, name war -- (c) Social Security No. --

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov 26
 year 1945 hour 6:25 minute P M.

4. Sex female / 5. Color of race white
 6. (a) Single, widowed, married, divorced, widowed
 (b) Name of husband or wife Joe Stinson
 (c) Age of husband or wife if alive --- years
 7. Birth date of deceased: May 4 1885
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 22, 1945, to Nov 26, 1945, that I last saw her alive on Nov 26, 1945, and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 6 Days 22
 If less than one day hr. min.

Immediate cause of death: Dementia senilis etiology not determined
 Duration: 3 months

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

Due to
 Due to

10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy

11. Industry or business

MOTHER FATHER

12. Name -- Wingo
 13. Birthplace unknown Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Arthur Wingo
 (b) Address Parkville, Mo. Route 3

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence

17. (a) Burial (b) Date thereof Nov 29, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Park Cemetery
 (a) Signature of funeral director Knell Mortuary
 (b) Address Carthage, Mo.

While at work? (Specify type of place) (a) Means of Injury

18. (a) Signature of funeral director Knell Mortuary
 (b) Address Carthage, Mo.
 19. (a) 11-28-45 (b) A. B. Clinton M.D.
 (Date received local registrar) (Registrar's signature)

23. Signature H. B. Bind M.D. (M. D. or other)
 Address Carthage Mo. Date 11-27-1945

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

19
1
2

45-11-941

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 Lucy Kree-Bucknell
Licensed Embalmer No. 2510
P. O. Address Carthage, 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.