

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED APR 3 1946 STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 265

Primary Registration District No. 6292

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Thornfield Marion  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 97

(c) City or town Thornfield Rural 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Glenn Curtis Stone

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1946 hour 5: minute 45 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Sallie Johnson Stone alive \_\_\_\_\_ years

6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased October 8, 1912  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6:00 PM  
March 26, 1946 to 12:45 P.M., 1946

that I last saw him alive on March 26, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

33 5 19 hr. min.

Immediate cause of death: bullet wounds for head, center, exit on left posterior parietal area

Due to Heart failure

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

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farming

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

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name Sam W. Stone

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

14. Maiden name Mona Jones

15. Birthplace Ozark County, Missouri (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant SW Stone

(b) Address Thornfield, Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence March 26, 1946

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-46 (Month) (Day) (Year)

(c) Place: burial or cremation Thornfield

(c) Where did injury occur? Thornfield Ozark Mo (City/Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home on farm

18. (c) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

While at work? No (Specify type of place) (c) Means of injury Refer-22

19. (a) Mar 29-46 (Date received local registrar) (b) May Johnson (Registrar's signature)

21. Signature Richard Thomas (M.D. or other) DR

Address Springfield, Mo Date signed March 27, 1946

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

780

9203

**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..... *W.B. Hutchison* .....

Licensed Embalmer No. *3431* .....

P. O. Address..... *Orlando, Fla* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND AND IN WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**