

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13756

State File No. _____

FILED APR 1 1946

Registration District No. 175

Primary Registration District No. 5648

Registrar's No. 27

1. PLACE OF DEATH:

(a) County LAWRENCE

(b) City or town PIERCE City (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mt. Pleasant Twp.
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 1 1/2 yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Lawrence

(c) City or town Pierce City - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. About 6 mi. NE of Pierce City
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Henrietta Stinnett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Daniel H. Stinnett

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 20 1863
(Month) (Day) (Year)

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

82 10 11 hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Melmon Jinnings

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

14. Maiden name Sarah Stone

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

16. (a) Informant Mrs. Ralph Metcalf

(b) Address Pierce City, Missouri

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

(c) Place: burial or cremation Rocky Comfort Cem.

18. (a) Signature of funeral director Blankenship

(b) Address Manett, Missouri

19. (a) 3-4-1946 (b) Orsa Mae Metcalf
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 1
_____ 19 46 to March 1 19 46
that I last saw her alive on Feb 2 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 8 days

Due to Hypertension ?

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 830

Of operations _____

Of autopsy _____

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) _____

(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) (e) Means of injury (D)

23. Signature Frank Metcalf M.D. (D. D. or other) 1

Address Manett Mo Date signed 3/11/46

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

12000

RECEIVED

District Health Officer No. 6,

District File Number 446-450

Date Filed APR 15 1946

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 L. A. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, Missouri

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.