

S. No. 2
M-8-43
v. 5-17-39
X37823

32980

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED NOV 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 136

Registration District No. 55 Primary Registration District No. 3011

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(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 all life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 302 East 4th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Nancy Elizabeth Stoton
3. (b) If veteran, name war X
3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 25
year 1946 hour 2 minute 00 P.M.
21. I hereby certify that I attended the deceased from Oct. 1
1946 to Oct. 25, 1946
that I last saw her alive on Oct. 25, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife LeChary T. Stoton
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 24 1855
(Month) (Day) (Year)

Immediate cause of death mitral insufficiency
Due to Old Age Infirmitie
Duration 1 yr.

8. AGE: Years 91 Months 5 Days 1
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Bessie P. Hartgrove

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

14. Maiden name Mary Wesley

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

16. (a) Informant Rebecca Stoton

(b) Address Carrollton, Mo

17. (a) Burial (b) Date thereof Oct 27 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo

18. (a) Signature of funeral director Marshall Stener of Mo

(b) Address Carrollton, Mo

19. (a) 10/27/46 (b) Tom Herbert Calver
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings of operations AD B
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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. Hamilton Stoton (M. D. or other) MD
Address Carrollton, Mo Date signed Oct 26 46

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

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed 11-2-46

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.....

R. M. Marshall Jr....., Registered Apprentice No. 409,
working under my personal supervision.

Signed R. M. Marshall (Sr.)

Licensed Embalmer No. 2525

P. O. Address Carrollton, Mississ.

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.