No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37194

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1353

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6811 Washington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 6811 Washington 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LYNDA LENORE STOUT
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 21, (Day) 1947 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	0	2	21	hr. min.

9. Birthplace St. Joseph, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Infant
11. Industry or business None
FATHER
12. Name Glenn Stout
13. Birthplace Mt. Pleasant (City, town, or county) Iowa 1 (State or foreign country)
MOTHER
14. Maiden name Anna Mosar
15. Birthplace St. Joseph, (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Glenn Stout (father)
(b) Address 6811 Washington St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery
18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) 11-15-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 293

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November X day 12, year 1947 hour 4 minute :20 A. M.

21. I hereby certify that I attended the deceased from Nov. 12, 1947 to Nov. 12, 1947 that I last saw her alive on Nov. 12, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0

23. Signature Leroi Beck M.D. (M. D. ~~or other~~)
Address King Hill Bldg. St. Joseph Mo. Date signed 11/13/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Roland D. Clark, Registered Apprentice No. 503, working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 2986

P. O. Address St. Joseph, 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.