

MAY 27 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space
43706
18886

1. PLACE OF DEATH

County Rush Registration District No. 744
Township Richmond Primary Registration District No. 5976B
City Henrietta No. _____ St. _____ Ward _____

2. FULL NAME

Sarah Francis Stinninger
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Millard F. Stinninger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 18 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Duties
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Henrietta
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Robert Stinninger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Louise Howell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

14. INFORMANT R. H. Stinninger
(Address) Henrietta Mo

15. FILED 4-30-30 1930 E. E. Day REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1930

17. I HEREBY CERTIFY, That I attended deceased from 4/26 th 1930, 1930 to 4/29th 1930, 1930 that I last saw h. or alive on April 29th 1930 and that death occurred, on the date stated above, at 4:35 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Arterio Sclerosis Due to
(SECONDARY) Age
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, Not a Disease

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Drawing of Right
side of the body R. H. Stinninger
(Signed) _____ M. D.

, 19 (Address) Henrietta, Missouri

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Craven Cemetery DATE OF BURIAL May 1 1930

20. UNDERTAKER E. H. Stinninger ADDRESS Richmond Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important.

