

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

6160
Do not use this space.

REC'D MAR 17 1939

1. PLACE OF DEATH *Carter* 2
 (a) County *Carter* Registration District No. *145*
 (b) Township *Carter* Primary Registration District No. *5208* Registered No. _____
 (c) City *Hunter* (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *Joanna Louise Stonecipher*
 (a) Residence, No. *Hunter, Mo.* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *B. C. Stonecipher*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct-23-1873*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Poppleton Co. Kentucky*
 FATHER 13. NAME *J. J. Connelly*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*
 MOTHER 15. MAIDEN NAME *Mary Taylor*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*
 17. INFORMANT *Dorothy Peck*
 (ADDRESS) *Daughter - Hunter Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Cathalia Ill.* DATE *3-14-39* 19.
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Jordan Douphan*
 20. FILED _____ 19. _____ Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-13-1939* 19
 22. I HEREBY CERTIFY, That I attended deceased from *3-6*, 19*39*, to *3-13*, 19*39*
 I last saw him alive on *3-6*, 19*39* Death is said to have occurred on the date stated above, at *4:10 a.m.*
 The principal cause of death and related causes of importance were as follows:
apoplexy
 Date of onset *3-6-39*
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *Chemical* _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *Wm. Henderson*, M. D.
 (Address) *C. J. Bluff*

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 3-13-39

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. Jordan

Licensed Embalmer No. 3200

P. O. Address.....

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, above space should be left blank.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6160
Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 142
(b) Township Johnson Primary Registration District No. 5208 Registered No. 49
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joanna Louise Stonecipher
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13, 1939

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF S. C Stonecipher

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1939, to 3-13, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-23-1875

I last saw her alive on 3-6, 1939. Death is said to have occurred on the date stated above, at 4 A.M.

7. AGE YEARS 65 MONTHS 4 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

a poplexy
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) Pendleton Co (STATE OR COUNTRY) Ky

Other contributory causes of importance: _____

FATHER 13. NAME J. J. Connelly

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

Name of operation _____ Date of _____

MOTHER 15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT Dorothy Beck (ADDRESS) Hunter mo

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1939

18. BURIAL, CREMATION, OR REMOVAL PLAC Centralia Ill. DATE 3-14, 1939

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

19. FUNERAL DIRECTOR Jordan (ADDRESS) Douphan mo

Manner of injury _____ Nature of injury _____

20. FILED 3/30, 1939 Loyal Hood Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. M. Henriksen, M. D.
(Address) Paplar Bluff, mo.

