

08 AUG 16 1939

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

26396
Do not use this space.

1. PLACE OF DEATH

(a) County Holaway Registration District No. 625
(b) Township Rock Primary Registration District No. 3031 Registered No. 95
(c) City Marionville Mo (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

357
(a) Residence, No. 967 - South Main 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 66 9 12
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Repair
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) Marionville Missouri

FATHER 13. NAME Andrew J. Stinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Missouri

MOTHER 15. MAIDEN NAME Ellen O'neal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Illinois

17. INFORMANT (ADDRESS) Frank Stinson 967 South Main Marionville Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Cemetery DATE July 6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home Marionville Missouri

20. FILED July 6 1939 Manuel E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4 1939
22. I HEREBY CERTIFY, That I attended deceased from J. May 1939, 19____
I last saw her alive on July 4 1939. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Hypertension
Sickle Cell Anemia

Other contributory causes of importance: 97

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W.R. Jackson, M. D.
(Address) Marionville 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.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

District Health Officer No. 11,

District File Number 839-1077

Date Filed AUG 14 1939

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,

W. Dan Campbell

or by

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

Signed

W. Dan Campbell

Licensed Embalmer No. 2620

P. O. Address Mayville, Miss

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.