REC'D SEP 21 1939

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

29555
Do not use this space.

3

1. PLACE OF DEATH

(a) County Lawrence 1 Registration District No. 470

(b) Township Mt. Vernon Primary Registration District No. 5633 Registered No. 109

(c) or City Mt. Vernon (d) Street No. Missouri State Sanatorium 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. 7 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

350

2. PRINT FULL NAME Naomi STONE

(a) Residence, No. Morley Missouri, Route 1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Marries

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Russell Stone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	30	5	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) October 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri 0

FATHER

13. NAME Arthur Clark Jones 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Oklahoma 0

MOTHER

15. MAIDEN NAME Pansy Vera Erwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) E. McMichael Record Clerk Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston, Mo DATE Aug 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fossett Funeral Home Mt Vernon Mo

20. FILED Aug 14 1939 P. A. Holmes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Aug. 14, 1939

I last saw her alive on Aug 13, 1939. Death is said to have occurred on the date stated above, at 7:00a.m.

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

Pulmonary Tuberculosis — Date of onset Fall 1937

23

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

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) [signature], M. D.

421 (Address) Mt Vernon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

RECEIVED
District Health Officer No. 6,
District File Number 939-1778
Date Filed SEP 6 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, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.