

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

36680
 Do not use this space.

RECD NOV 9 1939

1. PLACE OF DEATH
 (a) County Miller 2 Registration District No. 5-65-
 (b) Township Glaze 1 Primary Registration District No. 5-761a
 (c) City Union (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 350 Alfred Carter Stone
 (a) Residence, No. Union, Mo. 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 Male 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 Maggie Mae Shair
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17 - 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 2 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 1938 11. Total time (years) spent in this occupation 50 yrs.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherrill, Mo.
 FATHER 13. NAME Kinsey Stone
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 MOTHER 15. MAIDEN NAME Permelia G. Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT Logan Stone
 (ADDRESS) Union, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wathnes, Mo. DATE 2/3 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. B. Bandy
Sherrill, Mo.
 20. FILED 11-7 1939 C. R. Hawkins
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2 - 1939
 22. I HEREBY CERTIFY, That I attended deceased from 12-11, 1938 to 2-2, 1939
 I last saw h. in alive on 1-31, 1939. Death is said to have occurred on the date stated above, at 4:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Mitral Stenosis
 Date of onset _____
 Other contributory causes of importance: 92 h
 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? _____
 If so, specify _____
 (Signed) E. W. Duncan M. D.
 (Address) Sherrill, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.
 CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

Miller County Health Dept.

County File Number 39-121

Date Filed 11-10-39

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.....

Licensed Embalmer No.....

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.