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

REC'D NOV 7 1939

36801
Do not use this space.

1. PLACE OF DEATH
(a) County Osage
(b) Township Benton
(c) City Chamois, 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. 50 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 639
Primary Registration District No. 5948
Registered No. .....

2. PRINT FULL NAME Ettie, Stonner
(a) Residence, No. 5-a Chamois, Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femail
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: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30. 1870

7. AGE: Years 68 | Months 9 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

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) Deer, Mo

FATHER
13. NAME John, Dallas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage, County, Mo.

MOTHER
15. MAIDEN NAME Sarah . Bryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer. Mo.

17. INFORMANT (ADDRESS) Robert L. Stonner Chamois, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stonner. Cemetery DATE Sep, 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Otto T. Stocksick Chamois, Mo

20. FILED Sept 27, 1939 Esther Sander
A. R. Sander Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-11-35, 1935, to 9-25, 1939
I last saw alive on 9-24, 1939. Death is said to have occurred on the date stated above, at 6. A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Bronchial pneumonia	

Other contributory causes of importance:
(1) Essential Hypertension
(2) Chronic ~~[illegible]~~ interstitial nephritis

Name of operation None Date of .....
What test confirmed diagnosis Clinical Lab 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) W. G. McFrelly, M. D.
(Address) Chamois Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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, Otto T. Stocks

....., or by .....,

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

Signed Otto T. Stocksick

Licensed Embalmer No. 1902

P. O. Address Chamois, Mo.

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.