

No. 2
11-10-39
5-17-39
1 X21492

FILED MAR 1 - 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6365
Registrar's No. 742

Dr. Bedford
Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 5 weeks
In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 805 1/2 N. Main Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME Nancy Elizabeth Stone 350
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 18
year 1940 hour _____ minute _____ M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thomas J. Stone
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased January 29 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/11/1940, 1940, to 2/18/1940,
that I last saw her alive on 2/17/1940,
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 20 Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Coronary thrombosis
Duration _____

9. Birthplace Elton, Springfield, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) Fracture of left hip

11. Industry or business _____
12. Name James Boan
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. A. M. Miller
(b) Address Jefferson City, Missouri
17. (a) Burial (b) Date thereof Feb-21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery
18. (a) Signature of funeral director Thos. J. Gordon
(b) Address Jefferson City, Missouri
19. (a) 2/21/40 (b) Dr. Bedford
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 1/11/40
(c) Where did injury occur? Jefferson City, Cole Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
While at work? _____ (Specify type of place) (e) Means of injury fell on floor
23. Signature Dr. Bedford M. D. (M. D. or other) 1
Address Jefferson City, Mo. Date signed 2/21/40

WRITE PLAINLY—USE UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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3
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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

Step J. Gordon

Licensed Embalmer No. *1286*

P.O. Address

Jefferson City, 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.