FILED JUN 22 1940

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

18855

Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence Registration District No. 470
(b) Township So Mt Vernon Primary Registration District No. 4283 Registered No. 49
or
(c) City Mt Vernon 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 350 John Clark Stone
(a) Residence, No. Mt Vernon 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 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~~ Annie Orr Stone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 16 - 1859

7. AGE YEARS 81 MONTHS 2 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Dry Goods & Clothing
10. Date deceased last worked at this occupation (month and year) May 1940
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon Mo

FATHER
13. NAME Benjamin Stone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Nancy Owsley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Annie Stone Mt Vernon Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE 2002 DATE 5/10/40 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo B Orr Mt Vernon Mo

20. FILED 5-11- 1940 P. A. HOLMES Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1940, to May 8, 1940
I last saw him alive on May 8, 1940 Death is said to have occurred on the date stated above, at 950a m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis arteriosclerosis, generalized — Date of onset Jan 1940

Other contributory causes of importance: none.

Name of operation none Date of .....
What test confirmed diagnosis? Clinical 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) Don J. Silsby, M. D.
(Address) Mt Vernon 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.

RECEIVED
District Health Officer No. 6,
District File Number 640-1372
Date Filed JUN 10 1940

MAR 20 1940

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 comp with the above constitutes grounds for revocation of license.)

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