

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JUL 15 1940  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29989

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 153

1. PLACE OF DEATH:  
(a) County Vernon Wash Mo  
(b) City, or town Nevada  
(c) Name of hospital or institution:  
State Hosp. # 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr south  
(Specify whether  
In this community  
years, months or days) 3 1/2

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. State Hosp. # 3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 80 years.

3. (a) PRINT FULL NAME Elizabeth Stines  
36  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife David Stines 6. (c) Age of husband or wife If alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 4 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 5 15 hr. \_\_\_\_\_ min.

9. Birthplace Ontario Canada  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Gilbert Forrest  
18. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Walker  
15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Reed  
(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 6-21-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Carl Junction, Mo

18. (a) Signature of funeral director Provey Funeral Service  
(b) Address Carl Junction, Mo.

19. (a) 6-19-40 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 1940 hour 11 minute 15 A.M.  
21. I hereby certify that I attended the deceased from March  
1 1939 to June 19 1940  
that I last saw her alive on June 19 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion June 19

Due to Chc myocorditis  
Due to Generalized arteriosclerosis  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
795 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Wm J. Cramer (M. D. or other) MD  
Address Nevada Mo Date signed June 18, 1940

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 7,  
District File Number 6-40-1038  
Date Filed 7-5-40

**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 Rollins Knott  
Licensed Embalmer No. 3685  
P. O. Address Carl Junction, 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.**