No. 2
4-13-40
-17-39
X23

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42456

JAN 25 1941

Registration District No. 300 — Primary Registration District No. 3417 — Registrar's No. 18

1. PLACE OF DEATH:
(a) County Franklin
(b) ~~City or town~~ Rural — Lyon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: New Haven, Mo. R.F.D. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 5 months 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. New Haven, Mo. R.F.D. #1
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME MARY ETOLIA STONE
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Stone
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July (Month) 18 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
77	4	23	hr. min.

9. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife 0
11. Industry or business Own Home 0
FATHER
12. Name Jasper Steites
13. Birthplace Labaddie (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Susan Groff
15. Birthplace Gray Summit (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Fred Stone
(b) Address New Haven, Mo. R.F.D. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Gray Summit, Mo.
18. (a) Signature of funeral director Nieburg & Vitt, Inc. by L.H. Vitt
(b) Address Washington, Missouri
19. (a) 12-13-40 (Date received local registrar) (b) L. Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1940 to Dec. 11, 1940;
that I last saw her alive on Dec. 10, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chron. Endocarditis	1 Yr.
Due to Chronic Interstitial Nephritis,	2 Yrs
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy

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

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? (Specify type of place)
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While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 1
Address Washington, Mo. Date signed 12-12-1940

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 7387

P. O. Address Washington, Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.