

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2766**

Registration District No. **380**

Primary Registration District No. **5536**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Howard**
(b) City or town **New Franklin, Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **2 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard**
(c) City or town **New Franklin, Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **East of New Franklin, Mo**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME **Jacob Stine.**

3. (c) Social Security No. **None**
8. (b) If veteran, name war _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Amanda Stine**
6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Oct. 17 1866**
(Month) (Day) (Year)

8. AGE: Years **74** Months **3** Days **9**
If less than one day hr. _____ min. _____

9. Birthplace **Cass County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer.**

11. Industry or business **On farm.**

MOTHER FATHER { 12. Name **Enid Newton Stine.**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown.**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nelson Stine.**

(b) Address **New Franklin, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 28 / 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Lamine Cemetery.**

18. (a) Signature of funeral director **Goodman & Holle**

(b) Address **Boonville, Mo.**

19. (a) **1-28-41** (b) **Clare V. Landrum**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **26**
year **1941** hour **11** minute **A.** M.

21. I hereby certify that I attended the deceased from **1-21-1941**
to **1-26-1941**
that I last saw him **alive** on **1-21-1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Paralytic agitans**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
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? _____

23. Signature **A. L. Meredith** (M. D. or other) **MD**
Address **Proviso St. Over Mo.** Date signed **1/28/41**

Duration **6 wks 3 d**
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. 8
14-8-6

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 G. F. Bolter

Licensed Embalmer No. 3062

P. O. Address Beowells, N.C.

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.