

No. 2
4-13-40
5-17-40
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STANDARD CERTIFICATE OF DEATH

3156

Registration District No. 789

Primary Registration District No. 5-9-74-5627

State File No. _____
Registrar's No. 1

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

1. PLACE OF DEATH: **Lafayette**

(a) County Lafayette

(b) City or town Camden Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

(c) City or town Camden Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? U.S.A. 0 years.

3. (a) PRINT FULL NAME Emma B. Stonner

3. (b) If veteran's name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1941 hour 4 minute 50 M.

21. I hereby certify that I attended the deceased from Jan 14, 1941, to Jan 19, 1941.

that I last saw her alive on Jan 18, 1941
and that death occurred on the date and hour stated above.

4. Sex White

5. Color or race Female

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 16 th. 1869
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis

Due to Advanced arterio-sclerosis

Due to _____

Other conditions (1) 2 10
(Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 6 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Marthasville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home Keeper

11. Industry or business _____

MOTHER FATHER {

12. Name Fredrick Schuster

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

14. Maiden name Elizabeth Braunn

15. Birthplace Germany
(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 Mark Stonner

(b) Address Camden Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 1-21-41
(Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

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? _____

18. (a) Signature of funeral director J. B. Brothers

(b) Address Richmond Mo.

19. (a) 2/11/41
(Date received local registrar) (b) [Signature]
(Registrar's signature)

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

23. Signature [Signature] (M. D. or other) [Signature]

Address Camden Mo. Date signed 2-20-41

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2-15-41

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
J.B. Brothers

Registered Apprentice No.

working under my personal supervision.

Brothers Funeral Home

Signed: *J.B. Brothers*

Licensed Embalmer No. **3001**

P. O. Address **Richmond 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, fact should be so stated above.

FILED - USE

Registration District No. 439

Primary Registration District No. 0974

Registrar's No.

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Camden Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community all the time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Camden rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country
If yes, name country

3. (a) PRINT FULL NAME Emma B. Stover

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex W 5. Color or race F 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 3 If less than one day

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director J.B. Brothers

(b) Address Richmond

19. (a) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 19 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that last saw h alive on and that death occurred on the date and hour stated above.

Immediate cause of death

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?

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

23. Signature G.W. Games (M. D. or other)

Address Richmond Date signed

SUPPLEMENTARY

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

MOTHER FATHER

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

