

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3782
Registrar's No. 26

Registration District No. 665

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: 409 East 17th.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 409 East 17th.
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry Herman Stout Jr.

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

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

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

7. Birth date of deceased May 30, 1940
(Month) (Day) (Year)

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

7 19 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Harry Herman Stout Sr.

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

14. Maiden name Vivian Shoe

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

16. (a) Informant Mrs. Harry H. Stoute

(b) Address 409 East 17th, Sedalia, Mo.

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

(c) * Place: burial or cremation Mem. Park

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 41 hour 10 PM minute _____ M.

21. I hereby certify that I attended the deceased from vernal body after death, 1941, to _____, 1941; that I last saw him alive on _____, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death leaky duct with out medical attention probably
Due to Pneumonia

Due to Probably whooping cough

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 9
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 J. T. Bishop Coroner (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Address Sedalia Mo Date signed 1-20-41

80
6
4

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1921 FEB 27

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-10-41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Geo. Delland*

Licensed Embalmer No..... 3868

P. O. Address..... Sedalia, 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.