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MADE MAY 13 1941 STANDARD CERTIFICATE OF DEATH

State File No. 14581

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 355

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Russell Lee Stinnett
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex m 5. Color or race W
 6. (a) Single, widowed, married, divorced Child
 6. (b) Name of husband or wife Child
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased July 8 1937
(Month) (Day) (Year)

8. AGE: Years 3 Months 9 Days 18
If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Grand Stinnett

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

14. Maiden name Opal Trigu

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

16. (a) Informant Grand Stinnett

(b) Address Fordland Mo

17. (a) Burial (b) Date thereof 4-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fordland

18. (a) Signature of funeral director Kelly Finell

(b) Address Fordland Mo

19. (a) 4-28-41 (b) W. E. Haudley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Webster
 (c) City or town Fordland - "Rural"
(If outside city or town limits, write "RURAL")
 (d) Street No. 1
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
 year 1941 hour 10 minute 55 P M.

21. I hereby certify that I attended the deceased from 4-24, 1941, to April 26, 1941;
 that I last saw him alive on April 26, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Intracranial Injury 48hrs
 Due to Fracture skull basal 48hrs
 Due to Auto Collision with Pedestrian
 Other conditions b
(Include pregnancy within 3 months of death)

Duration
<u>48hrs</u>
<u>48hrs</u>

Major findings:
 Of operations 110 C
 Of autopsy 110 21

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) Accident
 (b) Date of occurrence Apr 24 1941
 (c) Where did injury occur? Fordland Webster Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
9 at home, injured by truck in yard
(Specify type of place)
 While at work? _____ (e) Means of injury Auto
 23. Signature Robert Ely (M. D. or other) 11
 Address Fordland Mo Date signed 4/27

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.