FILED JUN 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19424 State File No.

Registration District No. 31 Primary Registration District No. 5045 A Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Purdy (McDonald Twp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (rural)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: Several Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barry
(c) City or town: Rural (Purdy)
(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.? 0 years.

3. (a) PRINT FULL NAME: Joseph Lafayett Stone
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Irene Stone
6. (c) Age of husband or wife if alive: ----- years
7. Birth date of deceased: Feb. (Month) 5th (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
74	2	21	hr. min.

9. Birthplace: Cape Fair (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Dillard Stone
13. Birthplace: Cape Fair (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Becky King
15. Birthplace: D. K. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Irene Stone
(b) Address: Cape Fair Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 28 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Cape Fair Mo.
18. (a) Signature of funeral director: Horine & Culver
(b) Address: Cassville, Missouri
19. (a) May 10, 1941 (Date received local registrar) (b) Donald Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1941 hour 5.30 minute A. M.
21. I hereby certify that I attended the deceased from Feb 10th 1941 to Apr 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	Duration
Rectal Tumor	
Presumed Malignant	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)
While at work? (e) Means of injury

23. Signature: B. B. Kelly (M. D. or other)
Address: Purdy Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 641-827
Date Filed JUN 2 1941

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 E. Gordon Bennett, Registered Apprentice No. 250 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1414

P. O. Address Carrollton

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

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