

No. 2
1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34217

State File No. _____

FILLED NOV 17 1941

Registration District No. 30

Primary Registration District No. 3003

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Bary, Mo.
(b) City or town Monett, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 300 Benton Avenue
(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 5 years
years, months or days)

3. (a) PRINT FULL NAME Stella B Converse
3. (b) If veteran, name war ✓
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Birth date of deceased: November 19 - 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 9
If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business at home

MOTHER FATHER { 12. Name W. M. Gray Craig
13. Birthplace Washington, Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name May E. Smith
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant May Lindell
(b) Address Monett, Mo.

17. (a) Burial (b) Date thereof 10/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Charles L. Marshall
(b) Address Monett, Mo.

19. (a) 10-30-1941 (b) w. m. west
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bary 5
(c) City or town Monett, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 300 Benton Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9/1/41
19 _____ to 10/28 19 41.
that I last saw him alive on 10/28 19 41.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis about 240
(interstitial)

Due to hypertension? ?
Due to _____ ?

Other conditions 131a
(Include pregnancy within 3 months of death)

Major findings: 131a
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? _____

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

23. Signature Frank Perry M.D. (M. D. or other) _____
Address Monett, Mo. Date signed 10/29/41

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

RECEIVED

District Health Officer No. 6,

District File Number 1141-1737

Date Filed NOV 14, 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.....

Myself
.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Paul S. Merrill
.....
Licensed Embalmer No 3812

P. O. Address Quora No

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Barry } ss.

State File No. 3

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 48

On this 10th day of February, 1942, before me appears

Harlan G. Mann, who, upon his oath, states that the original record of ~~XXXX~~ death

for Stella B. Young ~~born~~ ^{died} October 28, 1941, in the State of Missouri, and which was filed at Monett on Oct. 30, 1941, should be corrected as follows:

Item No. 3(a) should read Stella B. Converse

Instead of Stella B. Young

Item No. 12 should read W. M. Craig

Instead of W. M. Gray

Item No. 6(a) should read ~~Widowed~~ Widowed

Instead of Divorced

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Harlan G. Mann Son
Harlan G. Mann Relationship.

300 Benton, Monett, MO.

Present Address.

Subscribed and sworn to before me this 10th day of February, 1942

My Commission expires June 1st 1942 George D. Groh Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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