No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34419

Registration District No. 85 — Primary Registration District No. 5127 — Registrar's No. 1035

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural Washington Tws. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 102 Garage. East on 36 hy-way. (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 Over 71 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. R.F.D.#1. St. Joseph, Mo. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jacob Stout

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Stout

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 6 (Day) 1870 (Year)

8. AGE: Years 71 Months 7 Days 22 If less than one day ___ hr. ___ min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Samuel Stout
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Catherine Fitts
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Mary Stout

(b) Address R.F.F.#1 St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Herman Wm. Sidenfaden

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 10/30/41 (Date received local registrar) (b) S.D. Nestlebush (Registrar's signature) S.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th year 1941 hour 4 minute 00 A M.

21. I hereby certify that I attended the deceased from Oct 24 1941 to Oct 27 1941; that I last saw him alive on Oct 27 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Stenosis	?
Due to —	
Due to —	
Other conditions Neph. Chr. (Include pregnancy within 3 months of death)	—

Major findings: Of operations —

Of autopsy None 131a

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 Frank H. Hanleyan (M. D. or other) M.D.

Address Kirkpatrick Bldg. St. Joseph Mo. Date signed 10/28/41

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo

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

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