

S. No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34733**

FILLED NOV 4 1941

Registration District No. **215**

Primary Registration District No. **3014**

Registrar's No. **284**

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

6
5
4

1. PLACE OF DEATH:

(a) County Jefferson City
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mary Louise Stone

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

4. Sex Fe 5. Color Wh 6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased: April 22 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 14 hr. min.

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

10. Usual occupation _____

11. Industry or business Child

MOTHER FATHER { 12. Name Clarence Stone

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

14. Maiden name Helen Bryant

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

16. (a) Informant Clarence Stone

(b) Address 101 Adams

17. (a) Burial (b) Date there Oct. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverway

18. (a) Signature of funeral director James Lewis

(b) Address 700 Jefferson

19. (a) 10-7-41 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 103 W. Elm
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th
year 1941 hour 8 minute 45 P M.

21. I hereby certify that I attended the deceased from Sept 3
1941, to Oct 6 1941;

that I last saw her alive on October 6 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Ulceration
with ulceration Duration 2 mo

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 119a

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 Gas. A. Hill (M. D. or other) O

Address Jefferson City, Mo. Date signed 10-7-41

894 (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.

*Body Was Not
Embalmed*

Signed *J. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jeff City Mo*

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

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