

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

DEC 15 1941

State File No. _____

Registration District No. 595

Primary Registration District No. 4853

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Waller's Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Waller's, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Helen May Stone

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

4. Sex F, 5. Color & race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 9, 1925
(Month) (Day) (Year)

8. AGE: Years 16 Months 4 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business same

12. Name Harry Stone
13. Birthplace Montgomery, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Stone
15. Birthplace Waller's, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Stone

(b) Address Waller's, Mo

17. (a) Burial (b) Date thereof 11-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waller's, Mo

18. (a) Signature of funeral director W. B. Wells

(b) Address Waller's, Mo

19. (a) 1021 24 1941 (b) Mrs. Mike McDermott
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22
year 1941 hour 4-45 minute 0 M.

21. I hereby certify that I attended the deceased from 11-3, 1941 to 11-22, 1941.

that I last saw her alive on 11-22-41, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis-Pneumonia Duration 19 days

Due to _____

Due to _____

Other conditions Anginal Heart disease
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1592

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 W. B. Wells (M. D. or other) _____

Address Waller's, Mo Date signed 11-24-41

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.....

A. B. Wells

Licensed Embalmer No.....

1588

P. O. Address.....

Wellsville, W. Va.

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.