

FILED FEB 4 1942

Registration District No. **3029** Primary Registration District No. **3029**

**1. PLACE OF DEATH:**  
(a) County **Maxion**  
(b) City or town **Harrison** (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **625<sup>a</sup> Broadway 1** (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)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **MO** (b) County **Maxion**  
(c) City or town **625<sup>a</sup> Broadway** (If outside city or town limits, write "RURAL")  
(d) Street No. **Harrison** (If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country.....

**3. (a) PRINT FULL NAME** **John H. Stout**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Jan.** day **6** year **1942** hour..... minute **11:25** P.M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Orabelle** 6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **July 30, 1886** (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **Jan 1** 19**42** to **Jan 6** 19**42**  
that I last saw him alive on **Jan 6** 19**42** and that death occurred on the date and hour stated above.  
Immediate cause of death **Coronary Thrombosis** Duration **1.5**

8. AGE:	Years	Months	Days	If less than one day.
	<b>65</b>	<b>5</b>	<b>7</b>	hr. min.

Due to **Arterio-sclerosis** **10 yr.**  
Due to **Hypertension** **20 yr.**

9. Birthplace **Miss 1** (City, town, or county) (State or foreign country)  
10. Usual occupation **Retired Eng.**  
11. Industry or business **Universal, FT/As.**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **940**  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**MOTHER**  
12. Name **James Stout**  
13. Birthplace **Virg 1** (City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth A. Stinson**  
15. Birthplace **Miss 1** (City, town, or county) (State or foreign country)

**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?

**FATHER**  
16. (a) Informant **Orabelle Stout**  
(b) Address **625<sup>a</sup> Broadway Hannibal**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 9 1942** (Month) (Day) (Year)  
(c) Place: burial or cremation **Bakely Cem**  
18. (a) Signature of funeral director **James C. Jones**  
(b) Address **Hannibal Mo**  
19. (a) **Jan 9 '42** (Date received local registrar) (b) **H. C. Fisher** (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury.....  
23. Signature **H. B. Norton** (M. D. or other) **1**  
Address **Hannibal Mo** Date signed **1-9-42**

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

SEP 4 10 42

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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 *Michael J. O'Hanrahan*

Licensed Embalmer No. *2246*

P. O. Address. *Hamilton MO*

**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.**