

Registration District No. 241

Primary Registration District No. 5829

Registrar's No. 37

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural Postage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME

Everett Stone

3. (b) If veteran, name war _____

3. (c) Social Security No. 499-2-266

4. Sex Female / Color or race White

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

6. (b) Name of husband or wife Everett Stone

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

7. Birth date of deceased Dec 2 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. 30 min.

9. Birthplace Portageville MO
(City, town, or county) (State & foreign country)

10. Usual occupation Farming

11. Industry or business Farmer

MOTHER FATHER

12. Name Everett H. Stone

13. Birthplace Portageville MO
(City, town, or county) (State or foreign country)

14. Maiden name Grace B. Stone

15. Birthplace Portageville MO
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Stone

(b) Address Portageville Mo

17. (a) Burial (b) Date thereof 12-2-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director Guide

(b) Address _____

19. (a) Dec 30-42 (b) Edith Laquet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Rural Postage
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1942 hour 6 minute 10 A M.

21. I hereby certify that I attended the deceased from Dec 1 1942 to Dec 1 1942
that I last saw her alive on Dec 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (about 6 1/2 to 7 mo gestation)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 19

Major findings: Of operations _____
Of autopsy _____

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 John William (M. D. or other)
Address Portageville Mo Date signed 12-5-42

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

72
00

79
0

1194

RECEIVED

District Health Office No. 2,

District File Number 143-36

Date Filed 1-4-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.