

FILED FEB 15 1943

Registration District No. **5107**

Primary Registration District No. **5107**

Registrar's No. **3**

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

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Roseland no winter
(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
In this community 5 years..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton

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

(d) Street No. R.R. # 1
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME PERRY EDWARD STONGER

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1943 hour 4:45 minute 48 M.

21. I hereby certify that I attended the deceased from Jan 25 1943 to Jan 26 1943
that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Colene

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

7. Birth date of deceased Aug 24 1890
(Month) (Day) (Year)

Immediate cause of death Raynaud's syndrome
Varicella

Duration 9

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 82:1

8. AGE: Years Months Days If less than one day

52 5 2 hr. min.

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

10. Usual occupation.....

11. Industry or business Retired Barber

MOTHER FATHER

12. Name Francis Stonger

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

14. Maiden name Nancy Parker

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

16. (a) Informant Mrs Bud Sanfoss

(b) Address Lincoln R.R. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-43
(Month) (Day) (Year)

(c) Place: burial or cremation Dumpside Cem

18. (a) Signature of funeral director Consalus T. Beck

(b) Address Clinton Mo

19. (a) Jan. 30, 1943 (Date received local registrar) (b) SUE SELOYER (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 [Signature] (M. D. or other).....
Address..... Date signed 1-26-43

RECEIVED
District Health Officer No. 7,
District File Number.....
Date Filed.....

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..... *J. E. Consalvi*.....
Licensed Embalmer No. *1891*.....
P. O. Address..... *Clinton 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.