

S. No. 2
M-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6820

State File No. _____

FILED MAR 15 1943

Registration District No. 176

Primary Registration District No. 5655

Registrar's No. 3839

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo State San
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 326 days
In this community 326 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town No Kansas City - 29
(If outside city or town limits, write "RURAL")
(d) Street No. Route 10
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARION ALVIN STOUT

3. (b) If veteran, name war No 3. (c) Social Security No. 495-03-2824

4. Sex Male 5. Color or race White 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: May 14 1918
(Month) (Day) (Year)

8. AGE: Years 24 Months 9 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace: Aurora, Neb
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Hospital

12. Name John Emmett Stout

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

14. Maiden name Fay Thornton

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

16. (a) Informant one Michael Beard Clark

(b) Address Mo State San, Mt Vernon, Mo

17. (a) Burial (b) Date thereof Mar 8 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo

18. (a) Signature of funeral director Marion F. ...

(b) Address No Kansas City, Mo

19. (a) 3-8-43 (b) Audy ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 4th
Year 1943 hour 11:05 minute 10 M.

21. I hereby certify that I attended the deceased from April 12 1942 to March 4 1943
that I last saw him alive on March 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pul tuberculosis
Duration abt 7 yrs

Due to 13 ft

Other conditions Tuberculosis enteritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Bilat. pul. th. tub. enteritis
emb. diaph. abscess, 2d th. vris. bleed.

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 J. B. Stokes (M. D. or other) _____

Address mt. Vernon, Mo Date signed 3/5/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 343-285-

Date Filed MAY 12 1943

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 John J. Morton
Licensed Embalmer No. 31978
P. O. Address 20 W. Cedar

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.