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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14592

FILED MAY 13 1943

Registration District No. ____ Primary Registration District No. 5579 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Mineral Wd Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jasper Co TBC Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Green 2

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 2414 Milton
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Leonard Stinson

3. (b) If veteran, name war No

3. (c) Social Security No. 491-03-0427

4. Sex M

5. Color or Race Wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife ____

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

7. Birth date of deceased June (Month) 28 (Day) 1900 (Year)

8. AGE: Years 42 Months 10 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business ____

FATHER
12. Name Jack Stinson
13. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Zora Morgan
15. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

16. (a) Informant Records

(b) Address ____

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 4-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Mo.

18. (a) Signature of funeral director Gene A. Brown

(b) Address Walnut Grove Mo.

19. (a) Apr. 29, 1943 (Date received local registrar) (b) Mrs Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1943 hour 6 minute 0 a M.

21. I hereby certify that I attended the deceased from April 25, 1943, to April 29, 1943; that I last saw him alive on April 29, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis & Tuberculous Entero Colitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 b1

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Jesse E Douglass (M. D. ~~or other~~) 10

Address Webb City Mo Date signed 4/29/43

1180

(Licensed Embalmer's Statement on Reverse Side)

43-4-366

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 Gene A. Brin

Licensed Embalmer No. 7664

P. O. Address Walnut Grove 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.