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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 11 1943
Registration District No. 287

Primary Registration District No. 5-8-800 4389

Registrar's No.

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

76000

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Linn Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)

In this community 7 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage

(c) City or town Linn
(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 /

3. (a) PRINT FULL NAME Mary Jane Stock

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Richard Stock 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept 28 1874
(Month) (Day) (Year)

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

68 7 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Jacob Cordray

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

14. Maiden name Mary Davis

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

16. (a) Informant MR Richard Stock

(b) Address Linn Mo

17. (a) Burial (b) Date thereof 4-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hancock Cemetery

18. (a) Signature of funeral director Clyde Nelson

(b) Address Linn Mo

19. (a) 4/23/43 (b) T. A. Dubouillet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21
year 1943 hour 7 minute 30 p.m.

21. I hereby certify that I attended the deceased from 2-15
....., 1943, to 4-21-43....., 19.....

that I last saw him alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
(a) Coronary

Due to

Due to

Other conditions Chronic Cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

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 W. V. McKimley (M. D. or other)

Address Cherokee Mo Date signed 4-22-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1286

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 Vernon M. Morton
Licensed Embalmer No. 4125
P. O. Address Linn, 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.