

DEAD MAY 6 1943

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(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 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Green
(c) City or town Halliday
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Charles Robert Stout

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

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 10 years
7. Birth date of deceased May 10 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Carbondale Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Smithy

11. Industry or business Blacksmith

MOTHER FATHER { 12. Name Joseph B. Stout
13. Birthplace Iowa /
(City, town, or county) (State or foreign country)
14. Maiden name Mary Vencin
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Stonecipher
(b) Address 8910 Zer Ave. Normandy, Mo

17. (a) Burial (b) Date thereof 4/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halliday, Ark.

18. (a) Signature of funeral director L. M. Shulte

(b) Address 118 N. Florissant Rd. Ferguson, Mo.

19. (a) 4-23-43 (b) C. N. McKinnon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1943 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....;

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

Immediate cause of death Natural causes. Duration

Due to Arteriosclerosis of coronary arteries; Healed infarct of myocardium.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations of 2/28
Of autopsy Yes.

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Louis H. Boylston (M. D. or other)
Address Kirkwood, Mo. 4-23-43 Date signed

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

000026

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

L. E. White

Licensed Embalmer No. *3972*

P. O. Address *Ferguson, 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.