. S. No. 2
—11-10-39
5-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17588

State File No.

LED MAY 28 1943

Registration District No. 7

Primary Registration District No. 4095

Registrar's No. 93

1900

1. PLACE OF DEATH:
(a) County: CASS
(b) City or town: DREXEL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in hospital./At Home of daughter.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply. (Specify whether)
In this community 5 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Cass.
(c) City or town Drexel.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME SENORA A. STINSON.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Alfred Stinson.

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

7. Birth date of deceased Feb. (Month) 17 (Day) 1859. (Year)

8. AGE: Years 84 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Johnstown (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Household duties.

11. Industry or business At Home.

MOTHER FATHER
12. Name Harry Landers,
13. Birthplace (City, town, or county) Ind. (State or foreign country)
14. Maiden name Mary A. Beals,
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs. Alta Shaffer
(b) Address Drexel, Missouri.

17. (a) burial. (Burial, cremation, or removal) (b) Date thereof 5/23/43. (Month) (Day) (Year)
(c) Place: burial or cremation Lane Kansas Cemetery.

18. (a) Signature of funeral director J. B. Hays
(b) Address Drexel, Mo.

19. (a) 5/22/43 (Date received local registrar) (b) Margaret Nolle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1943 hour 11 minute 40 a. M.

21. I hereby certify that I attended the deceased from May 14, 1943, to May 21, 1943, that I last saw her alive on May 20, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombo Phlebitis of left leg & Gangrene of foot.	7 days.
Due to Arteriosclerosis	
Due to Senility	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations 100 P	
Of autopsy	

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 Basil C. Hartrell (M. D.)
Address Drexel, Mo. Date signed 5/22/43.

1047 (Licensed Embalmer's Statement on Reverse Side)

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~~ .....

~~X Registered Apprentice No.~~ .....,

~~working under my personal supervision X~~

Signed .....

Licensed Embalmer No. 1950

P. O. Address Drexel 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, above space should be left blank.