

FILED MAY 11 1944

State File No.

Registration District No. 185

Primary Registration District No. 5692

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Whiting - Rural, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lawson Creek
(If not in hospital or institution, write street name or location) 2014 1/2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray ⁸⁹
(c) City or town Elmira - Rural ⁰
(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 EDWARD CLARENCE STONUM

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year) 24 1860

8. AGE: Years 83 Months 5 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Stonum
13. Birthplace Caldwell Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Porter
15. Birthplace Caldwell Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant D. C. S. Stonum
(b) Address Elmira Mo

17. (a) Burial (b) Date thereof April 20 1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lawson Cemetery

18. (a) Signature of funeral director Jarman, Pritchard
(b) Address Landon Mo

19. (a) Apr. 21 1944 (b) Mrs. Vera Rowland (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1944 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from Sept 1 1944 to April 18 1944 that I last saw him alive on April 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Heart decompensation Duration 6 mo

Due to chronic myocarditis ?

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: X 93d
Of operations _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature P. Brennan (M. D. or other) _____
Address Elmira, Mo Date signed _____

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

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.....

Claretta Michael

Licensed Embalmer No. *2757*

P. O. Address *Excelsior Springs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.