V. S. No. 2
00M—8-43
ev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25030

Primary Registration District No. 5730

Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon Brice Route
(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 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede
(c) City or town Rural 53
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Tommy Dee STONE
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 8 (Day) 1937 (Year)
8. AGE: Years 7 Months 4 Days 15 If less than one day hr. min.
9. Birthplace Dallas Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation School boy
11. Industry or business
MOTHER FATHER
12. Name Albert P. Stone
13. Birthplace Camden Co. (City, town or county) Mo. 0 (State or foreign country)
14. Maiden name Della Prater
15. Birthplace Camden Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Albert P. Stone
(b) Address Lebanon Brice Rt Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Boller Cemetery
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.
19. (a) Aug. 11-44 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1944 hour 3 minute P M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gun shot by 38 special pistol bullet severing right jugular vein	
Due to Accidental shot by brother whom had finished cleaning his gun but was still tinkering with it.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 184
Of autopsy 37

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) accident 053
(b) Date of occurrence 7/23/44 3 P.M.
(c) Where did injury occur? Rural (City or town) Laclede (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Farm home between Lebanon & Brice Mo. (Specify type of place)
While at work? no (e) Means of injury?
23. Signature James D. Stanton (M. D. or other) Coroner
Address Lebanon Mo. Date signed 8-4-44

1040 (Licensed Embalmer's Statement on Reverse Side)

Received .....
Laclede County Health Unit
File No. 7-44-82
Date Filed 8/12/44

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.