S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40708

FILED JAN 3 1946

Registration District No. 4063 Primary Registration District No. 4063 Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Caldwell
(b) City or town: Hamilton (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: ✓ (Specify whether years, months or days) In this community: 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Caldwell
(c) City or town: Hamilton (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

3. (a) PRINT FULL NAME: William Henry Stinson
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: Emma Stinson
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Aug (Month) 13 (Day) 1861 (Year)
8. AGE: Years 84 Months 3 Days 16 If less than one day hr. min.
9. Birthplace: Ill. (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: ✓
FATHER
12. Name: Stinson
13. Birthplace: Not Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known (City, town, or county) (State or foreign country)
16. (a) Informant: Ed Sapp
(b) Address: Hamilton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 7 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cem. Hamilton Mo
18. (a) Signature of funeral director: Gram Funeral Home
(b) Address: Hamilton Mo
19. (a) Dec-4-45 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 29th year: 1945 hour: 10 minute: 45 A.M.
21. I hereby certify that I attended the deceased from Nov. 25, 1945 to Nov. 29, 1945 that I last saw him alive on November 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis & myocardial degenerations — Duration: years
Due to:
Due to:
Other conditions (include pregnancy within 3 months of death):
Major findings: Of operations: 0
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: Henry L. Slater (M. D. or other) DO
Address: Hamilton, Mo. Date signed: 11-30-45

1552 (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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed R. A. M. Brown

Licensed Embalmer No. 3057

P. O. Address Hamilton 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.