S. No. 2
M—8-43
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3459

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

FILED FEB 7 1946

State File No. 4402

Registration District No. 369 Primary Registration District No. 6252 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Millspring (If outside city or town limits, write "RURAL" and name of township) no

(c) Name of hospital or institution: Mills Spr Jcity (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town Millspring (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Margaret Jane Stone

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ira Stone

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

7. Birth date of deceased July (Month) 15 (Day) 1867 (Year)

8. AGE: Years 78 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Ste. Genevieve Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Joseph Cheesborough
13. Birthplace Ste. Genevieve Co. (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Mallisa Wolford
15. Birthplace Ste. Genevieve Co. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Martha Irene Carver

(b) Address Millspring, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Maybury Cem. near Farmington, Mo.

18. (a) Signature of funeral director Norma W. Gish

(b) Address Piedmont Mo.

19. (a) Jan. 19 1946 (Date received local registrar) (b) Susie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1946 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from Jan 16 1946, 19 to Jan 16, 1946 that I last saw her alive on Jan 16, 1946, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia, senility influenza

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 33b

Duration

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 T H & Clin MD (M. D. or other)

Address Piedmont Mo. Date signed Jan 18 1946

340 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 246-1620

Date Filed 2-5-46

FEB 11 1946

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 Marvin E. Bowles, Registered Apprentice No. 582, working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont 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.