. S. No. 2
DM—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19143

FILED JUN 14 1946

Registration District No. 326 Primary Registration District No. 6102 Registrar's No. 21

1. PLACE OF DEATH:
(a) County: Scotland
(b) City or town: Memphis Rural
(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: Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Scotland
(c) City or town: Memphis Rural
(If outside city or town limits, write "RURAL")
(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: Mary Cornilda Stone
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: –
4. Sex: F
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: John A. Stone
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Aug (Month) 9 (Day) 1871 (Year)
8. AGE: Years 74 Months 8 Days 16 If less than one day hr. min.
9. Birthplace: Scotland Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
MOTHER FATHER
12. Name: Pinkerton B. Watson
13. Birthplace: Ky (City, town, or county) (State or foreign country)
14. Maiden name: Julia A. Underwood
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Frank Stone
(b) Address: Memphis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 26-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Bible Grove
18. (a) Signature of funeral director: Geo. M. Bartell
(b) Address: Memphis
19. (a) June 3-46 (Date received local registrar) (b) Mrs. E. E. Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24 year 1946 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 4 1946, 1946 to April 8 1946 that I last saw her alive on April 4 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	2 days
Due to: Chronic Myocarditis with decompensation	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: No	
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: 0
23. Signature: E. E. Gilfillan (M. D. or other) M.D.
Address: Memphis, Mo. Date signed: 5/13/46

246 (Licensed Embalmer's Statement on Reverse Side)

18020

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

RECEIVED
District Health Office No. 10
District File Number 6-46-1183
Date Filed JUN 13 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.....

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

working under my personal supervision.

Signed Fred Gerth

Licensed Embalmer No. 42 56

P. O. Address Memphis

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.