

FILED OCT 18 1946

Registration District No. _____

Primary Registration District No. 5400

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Norwood
(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 _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Jonathan J. Stout

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1946 hour 12 minute 10 P. M.

3. (b) If veteran, name war No

3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Sept 4 1946 to Sept 19 1946
that I last saw him alive on Sept 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: _____

Duration _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sarah E. Stout

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

7. Birth date of deceased February 12, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	6	28	hr. _____ min.

Due to _____

Due to _____

9. Birthplace Vera Cruz, Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farming

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Jonathan J. Stout

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Maury Sweeten

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (c) Informant Gladys Cody
(b) Address Norwood Mo Mo

17. (a) Burial (b) Date thereof 9-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newhope

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? _____

18. (a) Signature of funeral director Clinkin, Card Funerals

(b) Address 114A, Missouri

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

19. (a) Oct 3-46 (b) Vestal Bushman
(Date received local registrar) (Registrar's signature)

23. Signature Letta Vanhook (M. D. or other) _____
Address 114A, Missouri Date signed 9/12/46

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

20700

84

1946

RECEIVED

District Health Officer No. 6,

District File Number 1046-1026

Date Filed OCT 7 - 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..... *W.B. Stetson* 

Licensed Embalmer No. 3431

P. O. Address Oran

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.