

No. 2
-5-43
5-17-39
X36

State File No.

FILED OCT 7 1946
Registration District No. 137

Primary Registration District No. 3038

Registrar's No. 98

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution: 536 Market 1
(If not in hospital or institution, write street number or location)

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

In this community 2 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Brookfield
(If outside city or town limits write "RURAL")

(d) Street No. 536 Market 2
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME ALICE CARY STONE

3. (b) If veteran, name war:

3. (c) Social Security No.

4. Sex F 5. Color or race W

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

(b) Name of husband or wife Enoch Stone

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased March 19 - 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 4 If less than one day min.

9. Birthplace Tower Hill Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business:

12. Name William Gale

13. Birthplace Ithaca N.Y
(City, town, or county) (State or foreign country)

14. Maiden name Carissa Bachman

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

16. (a) Informant Hester A Stone

(b) Address St Louis Mo

17. (a) Removal (b) Date thereof Sept - 24 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pestus Mo

18. (a) Signature of funeral director Hill Funeral Home

(b) Address Brookfield Mo

19. (a) 9/24/46 (b) W. B. Erwin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1946 hour 3 minutes 40

21. I hereby certify that I attended the deceased from Jan 9, 1946, to Sept 21, 1946; that I last saw her alive on Sept 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 1 yr

Due to General Arterio sclerosis 5 yr

Due to

Other conditions Chronic Lymphadenitis 5 yr
(Include pregnancy within 3 months of death)

Major findings: Of operations:

Of autopsy: 93B

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Ray H Gale (M. D. or other) MD
Address Brookfield Date signed 9/26

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**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.