

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

FILED DEC 15 1947  
Registration District No. 328

Primary Registration District No. 6112

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

1. PLACE OF DEATH:

(a) County SCOTT  
(b) City or town CHAFFEE, Rexas  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
RFD # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SCOTT  
(c) City or town CHAFFEE  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD # 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NOLA AMERICA 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 M. 1  
6. (b) Name of husband or wife DEAN E. STONE 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased OCT 12 1887  
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Burfordville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER  
12. Name Price Proctor  
13. Birthplace Rowan Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Joseph GREATH  
15. Birthplace Northfield Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant D. E. STONE  
(b) Address Chaffee Mo RFD # 2

17. (a) BURIAL (b) Date thereof NOV. 30 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chaffee Mo Union Park

18. (a) Signature of funeral director (M. Stone)  
(b) Address Chaffee Mo

19. (a) 12/5/47 (b) G. B. MacCreedy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28  
year 1947 hour 10 minute PM

21. I hereby certify that I attended the deceased from July 1947 to Nov 10 1947  
that I last saw her alive on Nov 28 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Disease  
Due to Dilated Heart  
Due to Decompensation

Other conditions: (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy A50

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 W. D. Mackey (M. D. or other)  
Address Chaffee Mo Date signed 12/9/47

Duration 14 1/2  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1247-155

Date Filed 12-8-47

JAN 2 1948

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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.....

*C. J. Lorberg*

Licensed Embalmer No. 3810

P. O. Address.....

*Cape Girardeau, 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.**