

FILED JAN 29 1948

5141

12

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Quinn Rural Gillis Bluff Twp
(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: 7 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Quinn Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R2 5 mi west of Quinn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME John William Stone

3. (b) If veteran, name war: /
3. (c) Social Security No. /

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife Susan Sneed Stone
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Dec 18 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 24
If less than one day hr. min.

9. Birthplace Marion Co Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name John William Stone
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Davis
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Sell

(b) Address Valparaisa Ind

17. (a) Burial (b) Date thereof Jan 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oh City Cem Naden Mo

18. (a) Signature of funeral director Bispinghoff Funeral Home
(b) Address Chgo Ill

19. (a) 1-12-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1948 hour 3:00 minute 00 M.

21. I hereby certify that I attended the deceased from Dec 1946 to Jan 12 1948
that I last saw him alive on Jan 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Route dilatation of heart

Due to Chronic myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature [Signature] (M. D. or other) _____
Address Quinn Bluff Date signed 1-13-48

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

12
00

RECEIVED

District Health Office No. 2,

District File Number 148-94

Date Filed 1-19-48

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.....

Oliver Camick

Registered Apprentice No. 455

working under my personal supervision.

Signed Mamie B. Dinglehoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.