. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 3 1948

Registration District No. 928

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 860

Primary Registration District No. 5-465

Registrar's No. 33

39

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (Rural) (If outside city or town limits, write "RURAL" and name of township) M. Campbell Twp.
(c) Name of hospital or institution: Route 11, Box 1464 (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: 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield (Rural) (If outside city or town limits, write "RURAL")
(d) Street No.: Rural Route 11, Box 1464 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: EMMA ROSE (WINNINGHAM) STONE

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Andrew J. Stone

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

7. Birth date of deceased: September (Month) 18, (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	3	25	..... hr. ..... min.

9. Birthplace: Seymour, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home Makeing

FATHER
12. Name: Samuel Winningham
13. Birthplace: Unknown (City, town, or country) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Hieley Phillips
15. Birthplace: Unknown (City, town, or country) Missouri (State or foreign country)

16. (a) Informant: Sam E. Stone (son)
(b) Address: Route 11, Box 1464, City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/15/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cemetery

18. (a) Signature of funeral director: Alma Lohmeyer Fun'l Home
(b) Address: Springfield, Missouri

19. (a) 1-13-48 (Date received local registrar) (b) W. L. Hundley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13, year 1948 hour 6: minute 10 A. M.

21. I hereby certify that I attended the deceased from 1946, 19~~47~~ to 1-13 1948 that I last saw her alive on 1-10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular heart lesion 3yr.

Due to .....

Due to .....

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

Major findings: Operation: ~~Yes~~ Cancer of breast Removed 10 yrs ago
Autopsy: ~~Yes~~ no return

Duration

PHYSICIAN — Underline the cause of 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 .....

23. Signature: J. F. Fillmer (M. D. or Coroner)
Address: Citizen's Bank Bldg, Springfield, Missouri Date signed 1-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 J. R. Goodwin, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Windle

Licensed Embalmer No. 2831

P. O. Address Springfield, Missouri

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.