

S. No. 2
 -12-45
 5-17-39
 PI X47070

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED MAY 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18343
 State File No. _____
 Registrar's No. 311

Registration District No. 200 Primary Registration District No. 3041

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

1. PLACE OF DEATH:
 (a) County Macon
 (b) City or town Macon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Samaritan Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Two weeks
 (Specify whether years, months or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Macon
 (c) City or town Macon
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Hattie C. Stone

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 28 1882
 (Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
65	9	18	hr. min.

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

10. Usual occupation Librarian

11. Industry or business Macon High School

12. Name Benjamin Stone

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

14. Maiden name Mittie Powell
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. J. J. Briegeford

(b) Address Macon, Mo.

17. (a) Burial (b) Date thereof 3/18/1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood, Macon, Mo.

18. (a) Signature of funeral director Albert Skum

(b) Address Macon, Mo.

19. (a) 5-7-48 (b) Guth Mcneely
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 16
 year 1948 hour 2 minute 10 P.M.
 21. I hereby certify that I attended the deceased from 1-4-48
 _____, 1948 to 3-16, 1948
 that I last saw her alive on 3-16, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of Abdomen (Hepatic flexure, omentum and 7 boxes of both lungs)
 Due carcinoma of left breast
 Duration 1 yr 3 yrs
 Due to _____
 Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: Radical mastectomy left breast in California 3 yrs ago
 Of operations _____
 Of autopsy _____

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 _____

23. Signature J. P. Gonorway (M. D. or other)
 Address Macon Mo Date signed 4-20-48

MAR 1 1949

JUL 21 1948

SEP 23 1949

RECEIVED
District Health Officer No. 10
District File Number 54886a
Date Filed MAY 12 1948

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macom 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.