No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15701

Registration District No. 59 Primary Registration District No. 5223 Registrar's No. 86

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Archie Mo. R. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Archie Mo- R- 1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Archie 0
(If outside city or town limits, write "RURAL")

(d) Street No. Archie Mo R. 1 0
(If rural, give location)

(e) Citizen of foreign country? U. S. A (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Frank-A-Stinson

3. (b) If veteran, name war No

3. (c) Social Security No. 513-05-0648

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Feb- 5- 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	3	6	✓ hr. ✓ min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Joseph- Stinson
13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice B. Farner
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John B. Stinson
(b) Address Archie Mo. R 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-15-48
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington-CEM

18. (a) Signature of funeral director A P Doehler
(b) Address 1415 East 15 St. C Mo

19. (a) May 18-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1948 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from
, 19 ; to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	3 Mo.
Due to Carcinoma Tongue	1 Year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

45 B

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

23. Signature O B Barger (M. D. or other) MD
Address Harrisonville Mo- Date signed 5/18/48

(Licensed Embalmer's Statement on Reverse Side)

VS SEP 30 1959

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 H P Doehler

Licensed Embalmer No. 1166-Mo

P. O. Address 1415 East 15th K.C. M

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.