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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25185

Registration District No. 347 Primary Registration District No. 6161 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Rural Flat Creek
(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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone 104

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

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Blanche 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 Married

6. (b) Name of husband or wife Ernest Stone

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

7. Birth date of deceased Mar (Month) 4 (Day) 1897 (Year)

8. AGE: Years 51 Months 3 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name C. C. Foster /
13. Birthplace ..... (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Lucy Harris
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)

16. (a) Informant Ernest Stone

(b) Address Cape Fair Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/48 (Month) (Day) (Year)

(c) Place: burial or cremation Cape Fair Mo

18. (a) Signature of funeral director George H. Manlon

(b) Address Cape Mo.

19. (a) July 19/48 (Date received local registrar) (b) ~~Opened~~ Mrs. Elmer Brown (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1948 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Sept 24, 1946, to Nov 2, 1948 that I last saw her alive on Nov. 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrage

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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? 0
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Fred L. Hemmock (M. D. or other) MD

Address Crane, Mo. Date signed 7-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 848-860
Date Filed AUG 10 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 George H. Manlove

Licensed Embalmer No. 3827

P. O. Address Orange No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.