

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

35742  
Do not use this space.

1. PLACE OF DEATH  
(a) County Linn Registration District No. 497  
(b) Township Benton Primary Registration District No. 5611A  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Francis Stone  
(a) Residence, No. Linn Co., Mo. St. Paris  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

#### PERSONAL AND STATISTICAL PARTICULARS

3. SEX \_\_\_\_\_ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 11 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

13. NAME Benjamin F. Stone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Mary Bonghauser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Nellie M. Powell  
Hicksville Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Murdell Cemetery DATE Oct. 13th 1940

19. FUNERAL DIRECTOR (ADDRESS) J. R. McArthur  
Browning Mo.

20. FILED Oct 30th 1940 Mr. Lila Williams  
Local Registrar.

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11th 1940

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1940, to October 11, 1940  
I last saw him alive on October 10, 1940 Death is said to have occurred on the date stated above, at 8:30 P.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Date of onset 9/21/40

Other contributory causes of importance: Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. R. McArthur, M. D.  
(Address) Browning Mo.

STATEMENT BY LICENSED EMBALMER

I, A. J. Rivin, Licensed Embalmer No. 1407  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by A. J. Rivin  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed A. J. Rivin  
Licensed Embalmer No. 1407

**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.)**