

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

35742
Do not use this space.

1. PLACE OF DEATH, **NOV 25 1940**
 (a) County Linn Registration District No. 497
 (b) Township Benton Primary Registration District No. 5611A Registered No. 20
 (c) City..... (d) Street No..... St.
 (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. Pa.
 (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. ormin.
	87	11	25	

OCCUPATION

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.

FATHER

13. NAME Benjamin F Stone
 14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Pa.

MOTHER

15. MAIDEN NAME Mary Bonghaer
 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) W. R. River
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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

STATEMENT BY LICENSED EMBALMER

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