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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18651

Registration District No. 668

Primary Registration District No. 3039

Registrar's No. 173

1. PLACE OF DEATH: PETTIS
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital # 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? native years.

3. (a) PRINT FULL NAME MADISON STINSON Jr.
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17
year 1941 hour 10 minute 25 A.M.

4. Sex MALE 5. Color or race Colored
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: Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 17, 1941, to May 17, 1941;
that I last saw him alive on May 17, 1941,
and that death occurred on the date and hour stated above.
Immediate cause of death Peritonitis

8. AGE: Years 13 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to Fracture of femur
Due to _____
Other conditions 171
(Include pregnancy within 3 months of death)

9. Birthplace Tipton Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Major findings: Fracture of femur and rib cage fracture
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Madison Stinson
13. Birthplace Tipton Mo
(City, town, or county) (State or foreign country)
14. Maiden name Maria Stinson
15. Birthplace Tipton Mo
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant C. L. Moore, Dist.
(b) Address Sedalia Hospital No. 2.
17. (a) Burial (b) Date thereof 5-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Tipton, Mo
18. (a) Signature of funeral director J. E. Richard
(b) Address Tipton Mo
23. Signature A. H. Conway (M. D. or other) _____
Address Sedalia Date signed 5/17-41

18. (a) Signature of funeral director J. E. Richard
(b) Address Tipton Mo
19. (a) 5-17-41 (b) Mr. Harry Snelled
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-11-9

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Jipton, Miss

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.