

FILED MAR 22 1945

Registration District No. 83

Primary Registration District No. 5321

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Rural, South Moniteau Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4 Miles North West Clarksburg  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 Miles North West Clarksburg  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country Native

3. (a) PRINT FULL NAME Nancy Sophronia Stinson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife William Lacy Stinson 6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased March, 2, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 11 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name William L. Wood  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Hulia Ann Bowlin  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Stinson  
(b) Address Clarksburg, Missouri  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/45  
(Month) (Day) (Year)  
(c) Place: burial or cremation Allee Cemetery

18. (a) Signature of funeral director Jamies E. Richard  
(b) Address Tipton, Mo.  
19. (a) Feb 17 1945 (b) Jannem. Needels  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th  
year 1945 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 10  
1945 to Feb 15, 1945  
that I last saw her alive on Feb 10, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions gzn  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature S. W. Knapp (M. D. or other) DO  
Address Clarksburg Date signed 2/17/45

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

700

1015

RECEIVED

Health Officer No. 8,

File Number

Date Filed 3/20/45

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 James E. Richards  
Licensed Embalmer No. 2466

P. O. Address Tipton, Missouri

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.