

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

2547  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Cooper Registration District No. 1095  
 (b) Township South Mantua Primary Registration District No. 3310 Registered No. \_\_\_\_\_  
 (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** Nellie Mae Stinson 352

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1890  
 7. AGE YEARS 47 MONTHS 2 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hra. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 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) Cooper County, Mo.

FATHER 13. NAME William L. Stinson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo.

MOTHER 15. MAIDEN NAME Sophronia Wood  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mantua Co. Mo.

17. INFORMANT (ADDRESS) Lacey Stinson  
Clarksburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Allie Cemetery DATE Feb. 1, 1938

19. FUNERAL DIRECTOR (ADDRESS) James E. Richards  
Linton, Mo.

20. FILED 26 1938 J. C. Mester Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to Jan 30, 1938  
 I last saw her alive on Jan 28 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of mesentery Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

**RECEIVED**

FEB 23 1938

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test or tests were used in diagnosis? \_\_\_\_\_ Was there an autopsy? NO

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. B. Korman, M. D.

(Address) Clarksburg, Mo.

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, James E. Richards, Licensed Embalmer No. 2466  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed James E. Richards  
Licensed Embalmer No. 2466

**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.)**