

NOV 2 1938

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

34919  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Can Primary Registration District No. 1002 Registered No. 4255  
 (c) City Kansas City (d) Street No. 12 C Ogden 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. 10 How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 350 Jackson Earle Stone  
400 S. Mt. George (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
8 | 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child  
 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) KC Mo

FATHER 13. NAME Granville Stone

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

MOTHER 15. MAIDEN NAME Marian Taylor

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

17. INFORMANT (ADDRESS) Re wa Clark

18. BURIAL, CREMATION, OR REMOVAL 12 C Ogden

19. FUNERAL DIRECTOR (ADDRESS) Wm. B. Kasper

20. FILED Oct 31, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29-1938

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1938, to 10-29, 1938

I last saw him alive on 10-29, 1938. Death is said to have occurred on the date stated above, at 10:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

Gastro enteritis  
119  
 Date of onset

Other contributory causes of importance:

Name of operation Date of

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) P. F. De Marzio, M. D.  
 (Address) 12 C Ogden

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**