DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7907

Registration District No. 744 | Primary Registration District No. 3035 | Registrar's No. 82

1. PLACE OF DEATH:

(a) County Ray Co.

(b) City or town Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 446 East Black Richmond Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 2 months

In this community 2 months 350

2. USUAL RESIDENCE OF DECEASED:

(a) State Denver (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clarence Vern Stone

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maggie Wade

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 7 (Month) (Day) 1893 (Year)

8. AGE: Years 47 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Kansas City Kan. (City, town, or county) (State or foreign country)

10. Usual occupation worker of U.S. Geological

11. Industry or business survey

MOTHER FATHER

12. Name Edward B. Stone

13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Nable Juliette

15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. D. Edwards

(b) Address Richmond Mo

17. (a) Richmond Cem. (Burial, cremation, or removal) (b) Date thereof Mar. 9-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director J. B. B. Brothers

(b) Address Richmond Mo.

19. (a) March 7-40 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2-1940 year 1940 hour 8 PM minute 8 P.M.

21. I hereby certify that I attended the deceased from Jan 15 1940, to March 2 1940 that I last saw him alive on Mar 2 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Infection

Due to

Other conditions Coronary Occlusion
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. E. Fry (M. D. or other)

Address Richmond Mo Date signed Mar 5 1940

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/8/40

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 J. B. Brothers, Registered Apprentice No. ....., working under my personal supervision.

Brothers Funeral Home

Signed J. B. Brothers

Licensed Embalmer No. 2001

P. O. Address Richmond Va.

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.