

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38897**
34602
Registrar's No. **3460**

Registration District No. **399--**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) 6 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1940 hour 9 minute AM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: myelogenous leukemia
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 720

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury 1

23. Signature Harry M. Selby (M. D. or other) _____
Address 1624 Prof. Bldg Date signed _____

3. (a) PRINT FULL NAME HENRY EDWARD STONER
3. (b) If veteran, Henry Edw. Stoner name war _____ No. _____
3. (c) Social Security _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 30 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 7 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Chariton Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____
12. Name Orville Stoner
13. Birthplace Chariton Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Beala Fern Fry
15. Birthplace Chariton Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Orville Stoner
(b) Address Menden Mo
17. (a) Burial (b) Date thereof Sept 3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lifoon

18. (a) Signature of funeral director W. M. Laughlin
(b) Address Marceline Mo

19. (a) Sept. 2, 1940 (Date received local registrar) M. M. Brown (Registrar's signature)

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

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 _____

Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marilyn M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.