

FILED JUL 20 1942

State File No. _____

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 180

1. PLACE OF DEATH
 (a) Couple Jackson
 (b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Independence O. San.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 hours
26 years (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2519 Washington St
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Arthur Job Bone
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 6
 year 1942 hour 10:30 minute A. M.
 21. I hereby certify that I attended the deceased from June 30
 19____ to July 6-1942, 19____
 that I last saw him alive on 7-6-42, 19____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Bessie Bone 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Feb 3 1866
(Month) (Day) (Year)

Immediate cause of death Wrenia -
 Duration 10 days

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>3</u>	hr. _____ min. _____

Due to Chronic Interstitial Nephritis year.
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace England 4
(City, town, or county) (State or foreign country)
 10. Usual occupation Laborer - retired
 11. Industry or business K.C. Box Co.
 MOTHER FATHER
 12. Name William Stone
 13. Birthplace England 4
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Turner
 15. Birthplace England 4
(City, town, or county) (State or foreign country)
 16. (a) Informant Arthur E. Bone
 (b) Address Springfield, Mo.
 17. (a) Burial (b) Date thereof 7/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cem
 18. (a) Signature of funeral director Geo. C. Carson
 (b) Address Independence, Mo.
 19. (a) 7-7-1942 (b) James H. Carson
(Date received local registrar) (Registrar's signature)

Major findings: 13/0
 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) () Means of injury _____
 23. Signature R. J. Gard (M. D. or other) _____
 Address Independence Mo Date signed 7-6-42

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

48
4
4

1163

JUL 20 1942

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 *Paul H. Smith*
Licensed Embalmer No. *2467*
P. O. Address *Indep - Mo.*

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.