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DM-243
5-17-39
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24451

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 783

RECORDED AUG 5 1943 42
Registration District No. _____

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
Mo. Meth. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 2919 Edmond
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clyde Wilsdon Stone

3. (b) If veteran, name war no

3. (c) Social Security No. 491-10-2161

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1943 hour 3 minute A. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mae Stone

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: June 21 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 29 1943 to July 5 1943, that I last saw him alive on July 5 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>0</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death: Suppura of Gall bladder - with perforation + general peritonitis.

Due to _____

Due to _____

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

10. Usual occupation Salesman Britton Dry Goods

Cooper conditions (Include pregnancy within 3 months of death) Hemiplegia - Myocarditis

Major findings: nephritis

Of operations None

MOTHER FATHER

11. Industry or business _____

12. Name J. E. Stone

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

14. Maiden name Amena Dodges

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

Of autopsy None

16. (a) Informant Mrs Karl Heckel

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof July 8, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Herman W. Siedufaden

(b) Address 1802 Union, St. Joseph, Mo.

19. (a) 7-8-43 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Paul J. Jones (M. D. or other)
Address St. Joseph, Mo. Date signed 7-7-43

1233

~~Cause~~ Foreman

2-4428

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.....

John H. Shurley

Licensed Embalmer No. 4050

P. O. Address St. Joseph, 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.