

S. No. 2
9-4-41
5-1-41
I X-25284

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34227

State File No.

NOV 9 1943 42
Registration District No.

Primary Registration District No. 1000

Registrar's No. 1170

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:
State Hosp # 2 2
(If not in hospital or institution, write street number or location)

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

In this community 2 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 123 So Bellaire
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elvy Stonerock

3. (b) If veteran, name war 1

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1943 hour 7 minute 00 M.

21. I hereby certify that I attended the deceased from Oct 16, 1943 to Oct 22, 1943
that I last saw her alive on Oct 22, 1943
and that death occurred on the date and hour stated above.

4. Sex 7 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Stonerock 6. (c) Age of husband or wife if 70 years
7. Birth date of deceased Oct 14 1873
(Month) (Day) (Year)

Immediate cause of death Pneumonia Duration
Myocarditis

Due to Cerebral arteriosclerosis

Due to Uremia

Other conditions (Include pregnancy within 3 months of death) 93e1

8. AGE: Years Months Days 6 If less than one day
70 69 11 24 hr. min.

9. Birthplace Coventon Ind
(City, town, or county) (State or foreign country)

Major findings:
Of operations 93e1

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business

12. Name Edo Wm Bailey

13. Birthplace Ind 1
(City, town, or county) (State or foreign country)

14. Maiden name Matrigarden Crowder

15. Birthplace Ind 1
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Stonerock

(b) Address K.C. Mo

17. (a) Burial (b) Date thereof Oct 26 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt morich K.C. Mo

18. (a) Signature of funeral director Mrs. P. H. Winters

(b) Address Jackson City Mo

19. (a) 10-26-43 (b) Alce Herzog
(Date received local registrar) (Registrar's signature)

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?

23. Signature John P. Johnson (Specify type of place) (M. D. or other) MD
Address State Hwy # 2 St Joseph Date signed 10.22.43

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

MOTHER FATHER

DEC 18 1944

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 *Denzil C. B. Rowning*

Licensed Embalmer No. *2724*

P. O. Address *K. C. 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.