V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13885

FILED MAY 1 1944

Registration District No. 1419 Primary Registration District No. 1002 Registrar's No. 1683

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3928 Genessee Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 21 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3928 Geneessee Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr Alvin N. STONEHAM

3. (b) If veteran, name war None

3. (c) Social Security 487-09-4891

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

6. (b) Name of husband or wife CORDelia Stoneham

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July (Month) 21st (Day) 1884 (Year)

8. AGE: Years 59 Months 8 Days 17/6 If less than one day hr. min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Machanic

11. Industry or business General Mills

FATHER
12. Name Joseph Stoneham
13. Birthplace Stoneham (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Clara Huser
15. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Stoneham
(b) Address 3928 Genneessee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri

19. (a) 4-15-44 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1944 hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from Jun 13, 1942 to April 7, 1944 that I last saw him alive on April 7, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage from Stomach	10 mo
Due to Carcinoma of Stomach	1½ yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of cardiac portion stomach
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?
(Specify type of place)
While at work? Means of injury

23. Signature H. E. Schorn (M. D. or other) M. D.
Address 2 x 3 Werby Bldg KC Mo Date signed 4-8-44

(Licensed Embalmer's Statement on Reverse Side)

Cremation

SEP 4 1945

MAR 15 1945

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.....

Licensed Embalmer No. 2999

P. O. Address.....

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.