

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40950

State File No.

FILED JAN 5 1945
Registration District No.

Primary Registration District No. 5289

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural, Gallatin Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. No 11 E Mo Rt #8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME WILLIAM LEE STONE

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luanna Stone 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased July 4, 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Stone

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

14. Maiden name E. Burden

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

16. (a) Informant Nell Stone

(b) Address 98 - No 11 E Mo

17. (a) Burial (b) Date thereof Dec 19 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Morton Funeral Home

(b) Address No 11 E Mo

19. (a) Dec 19 1944 (b) Paul R. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 + 4
year 1944 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from Feb.
1944 to Dec 17 1944

that I last saw him alive on Dec. 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Due to

Due to

Other conditions 930
(Include pregnancy within 3 months of death)

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

23. Signature W. Miller (M. D. or other) MD

Address No 11 E Mo Date signed 12-19-44

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

4000

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

1-4-73

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 J. Morton

Licensed Embalmer No. 4349

P. O. Address no 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.