

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36677

FILED APR 5 1945

Registration District No. **147** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Kansas City General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether)

In this community 8 months  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME MR GLENN A STONE

3. (b) If veteran, name war NO

3. (c) Social Security No. 404-16-6898

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife Helen Farley Stone 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased December 10 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

34 3 13 hr. min.

9. Birthplace Wickman Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Ray, Radiologist

11. Industry or business Trav Labor Board

MOTHER FATHER

12. Name Alexander Stone

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

14. Maiden name Mrs. Stone

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

16. (a) Informant Mrs. Helen Farley Stone

(b) Address 1016 Walnut - Kansas City, Mo

17. (a) Removal (b) Date thereof Mar 24 1945  
(Special cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Wickman Kentucky

18. (a) Signature of funeral director D. H. Newcomer Bro

(b) Address 1401 Birch Creek Blvd. P.O. No. 3-24-45

19. (a) 3-24-45 (b) H. Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson MO

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1017 Walnut Schuyler  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1945 hour 1 minute 55th M.

21. I hereby certify that I attended the deceased from Coroner, 19  , to   , 19  ;

that I last saw him alive on   , 19  ;

and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture

Due to Auto-Traumatism

Due to 2 automobiles

Other conditions (Include pregnancy within 3 months of death) 1700-8

Major findings: 22

Of operations   

Of autopsy No - Autopsy Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 3-20-45 6:30 P.M.

(c) Where did injury occur? 11th + Charlotte - KC, Jackson, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public Place

While at work? no (e) Means of injury Automobile

23. Signature James Walker (M.D. or other)  
Address 1424 Buford Date signed 3-23-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 16 1960

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address. Ke 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.**