

Registration District No. 149 Primary Registration District No. 1002

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

(d) Length of stay: In hospital or institution 5/21/45 9/16/45  
(Specify whether years, months or days)

In this community 53 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")

(d) Street No. 811 Independence 8  
(If rural, give location)

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

3. (a) PRINT FULL NAME Augustus Stone

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Stone 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 5, 1891  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 16,  
year 1945 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 21, 1945 to September 16, 1945;  
that I last saw him alive on September 16, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia Duration \_\_\_\_\_

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

56 54 6 10 hr. \_\_\_\_\_ min.

9. Birthplace Wichita, Kansas Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

Due to Tabetic ulcer of Sacrum

Due to Tabes Dorsalis

Other conditions 300  
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name George Stone

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

14. Maiden name Nettie Ratliff

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

16. (a) Informant Nettie Stone

(b) Address 811 Independence

17. (a) Rural (b) Date thereof 9/26/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia

19. (a) 9-26-45 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings: 300  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 cause of injury)

(g) Means of injury Aspirin  
(M. D. or other)

23. Signature Steraldine Holmes (M. D. or other) \_\_\_\_\_  
Address General Hospital 2 Date signed 9/20/45

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

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

8  
3  
8

**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. *3994*

P. O. Address *2503 Highland*

**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.**