S. No. 2
OM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4460

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Adair

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

(c) Name of hospital or institution: 912 E. Randolph St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 18 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Adair

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

(d) Street No.: 912 E. Randolph St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Wm Mark Stonger

3. (b) If veteran, name war

3. (c) Social Security No. 490-10-6435

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Bessie

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: 4 (Month) - 17 (Day) - 1887 (Year)

8. AGE: Years 58 Months 8 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Barber

11. Industry or business:

MOTHER FATHER

12. Name: Frank Stonger

13. Birthplace: not known (City, town, or county) (State or foreign country)

14. Maiden name: Nancy Parker

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

16. (a) Informant: Mrs. Bessie Stonger

(b) Address: Kirksville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 20-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Cemy

18. (a) Signature of funeral director: Summers & Powell

(b) Address: Kirksville, Mo.

19. (a) 1-3-46 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1946 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 1, 1945, to Dec. 17, 1945, that I last saw him alive on Dec. 17, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sarcoma of bone with metastasis	2 years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: BSP	
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?

(e) Means of injury: 0

23. Signature: J. B. Kemp (M. D. or other) MD

Address: Kirksville, Mo. Date signed: Dec 18, 1945

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-46-351
Date Filed FEB 28 1946

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 W. C. Summer

Licensed Embalmer No. 2159

P. O. Address Kirksville

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.