

FILED MAY 13 1946

Registration District No. _____

Primary Registration District No. 425-3

Registrar's No. 12

1. PLACE OF DEATH

(a) County Johnson

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

(c) Name of hospital or institution _____
(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 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Alice E Stone

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 4 year 1946 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 1 1946 to April 4 1946
that I last saw h. er alive on April 4 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Carson Stone 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: (Month) 12 (Day) 11 (Year) 1878

Immediate cause of death Cerebral embolism Duration 4 days
apoplexy

Due to Embolism

8. AGE: Years 72 Months 3 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

Due to _____

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

Major findings: Of operations g 3 W

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Richard Boldock

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

14. Maiden name Margaret Richard

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Carson Stone

(b) Address Childhouse Mo

17. (a) Burial (b) Date thereof 4 6 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cypresswood Cem

18. (a) Signature of funeral director Ed Wilkinson

(b) Address Clinton Mo

19. (a) 4-6-46 (b) M. Mamie & Hecker
(Date received local registrar) (Registrar's signature)

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 2

23. Signature E. N. Robinson (M. D. or other) D.O.
Address Childhouse Date signed 4/5/46

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

10086

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. 12478

P. O. Address Clinton, 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.