

FILED SEP 24 1946Registration District No. **181**Primary Registration District No. **3040**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Livingston
 (b) City or town Chillicothe
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Chillicothe Hospital **0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 1/2 hrs (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Clarence Price Stone3. (b) If veteran, --
name war3. (c) Social Security No. 362-09-5772

4. Sex male **0** 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Nellie Stone
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased April 28th, 1888
 (Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 17
 If less than one day
 hr. min.

9. Birthplace Topeka Kansas
(City, town, or county) (State or foreign country)10. Usual occupation Tooland Lye Maker11. Industry or business Automobile12. Name Alanson Stone13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)14. Maiden name Malinda Rudolph15. Birthplace Ludlow Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Nellie Stone(b) Address Ludlow, Missouri17. (a) Burial (b) Date thereof 9-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Monroe Center Cem.18. (a) Signature of funeral director Bernard Mead(b) Address Braymer, Missouri19. (a) 9-15-46 (b) Francis B. Neil
(Date received local registrar) (Registrar's signature)**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Livingston **57**
 (c) City or town Ludlow
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? no (Yes or No) **0**
 If yes, name country _____

MEDICAL CERTIFICATION20. DATE OF DEATH: Month Sept day 15
year 1946 hour 3 minute 25p. M.21. I hereby certify that I attended the deceased from Sept 13
1946, to Sept 15, 1946that I last saw him alive on Sept 15, 1946
and that death occurred on the date and hour stated above.Immediate cause of death Bright Disease Duration 3 or 4 yr
(Nephritis: Chronic)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy _____ **1313****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 023. Signature Eva M. Moore (M. D. or other) _____Address Ludlow, Mo Date signed 9/17/46

MOTHER FATHER

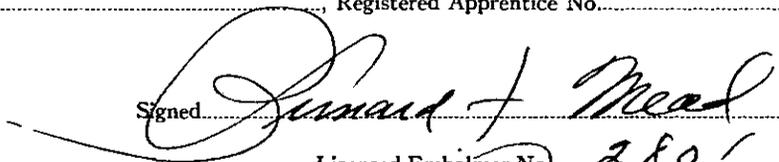
STATEMENT BY LICENSED EMBALMER

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. 2801

P. O. Address. Drayner

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.

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 123

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Livingston
(c) City or town Ludlow
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence P. Stone
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: April 24 (month) (day) (Year)
8. AGE: Years 58 Months 4 Days _____ (If less than one day, hr. min.)

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation: _____

11. Industry or business: Automobile
12. Name: Clarence Stone
13. Birthplace: _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name: Malinda Rindolph
15. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant: Mrs. Nellie Stone
(b) Address: Ludlow, MO
17. (a) _____ (Burial, cremation, or removal) (b) Date thereof: 9-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Manuel Center Cem.

18. (a) Signature of funeral director: Bernard Mead
(b) Address: Braymer, MO
19. (a) Oct-21-46 (Date received local registrar) (b) Fredness B. Neill (Registrar's signature)

20. DATE OF DEATH: Month September year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I saw him _____ live on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Bright's Disease
Nephritis; Chronic; 3 1/2 yrs

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

Major findings: _____ 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 type of place) (e) Means of injury _____
23. Signature: Geo. Moore (M. D. or other) _____
Address: Ludlow, MO Date signed: 9-17-46

SUPPLEMENTARY

MOTHER FATHER

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

30913