

FILED JUL 23 1947  
Registration District No. ....

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County... Cole  
(b) City or town... Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution...  
1945 Hazelton Drive /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution...  
(Specify whether  
In this community... life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Cole  
(c) City or town... Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No... 1945 Hazelton Drive  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME... John Ward Stone

3. (b) If veteran, name war... no  
3. (c) Social Security No. ... no

4. Sex... Male  
5. Color or race... White  
6. (a) Single, widowed, married, divorced... Widowed  
6. (b) Name of husband or wife... Sarah Ann  
6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased... Dec. 5, 1856  
(Month) (Day) (Year)

8. AGE: Years 90 Months 7 Days 11  
If less than one day .hr. .min.

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

10. Usual occupation... Retired Farmer

11. Industry or business...

12. Name... John Everett Stone

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

14. Maiden name... Margaret Hackney

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

16. (a) Informant... Carney Stone

(b) Address... Jefferson City, Mo.

17. (a) Burial... (b) Date thereof... 7-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Riverview Cemetery

18. (a) Signature of funeral director... Vista Buncher

(b) Address... Jefferson City, Mo.

19. (a) Date received local registrar... 7-17-47 (b) Registrar's signature... R. P. Darrin

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... July day... 16  
year... 1947 hour... 9:30 minute... A.M.

21. I hereby certify that I attended the deceased from... Jan 1947  
to... July 1947  
that I last saw him alive on... July 16 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death... Hemorrhage  
left lung.

Due to... Hypertensive  
cardio-vascular disease years

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

Major findings:  
Of operations...  
Of autopsy...  
PHYSICIAN  
Underline the cause of 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)

23. Signature... [Signature] (M. D. or other) M.D.  
Address... Jefferson City Date signed... 7-17-47

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

26  
5  
4

26  
5  
4  
0

MOTHER FATHER

Date Filed 2/22/47

District File Number \_\_\_\_\_

District Health Officer No. 9,

RECEIVED

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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 Victor Brescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.