S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19683

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2764

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~~: RESEARCH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~: 3 WEEKS (Specify whether years, months or days)
In this community: 36 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No.: 3514 CAMPBELL STREET (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: - - - - - -

48 3 8 0

3. (a) PRINT FULL NAME: MR. JAMES STONE
3. (b) If veteran, name war: NO
3. (c) Social Security No. 486-07-3777
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of ~~husband or~~ wife: MRS. MARIE STONE
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: SEPTEMBER (Month) 3 (Day) 1881 (Year)
8. AGE: Years 66 | Months 9 | Days 29 | If less than one day: hr. ____ min.
9. Birthplace: CHARLESTON (City, town, or county) WEST VIRGINIA (State or foreign country)
10. Usual occupation: SALESMAN
11. Industry or business: STAR FURNITURE COMPANY
12. FATHER Name: JAMES STONE
13. FATHER Birthplace: ENGLAND (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: ANN UNKNOWN
15. MOTHER Birthplace: ENGLAND (City, town, or county) (State or foreign country)
16. (a) Informant: MRS. MARIE STONE
(b) Address: 3514 CAMPBELL STREET
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: JULY (Month) 5 (Day) 1948 (Year)
(c) Place: ~~burial or~~ cremation: D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director: D.W. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD
19. (a) 7-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 2ND year 1948 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 10, 1948 to 7-2, 1948 that I last saw him alive on 7-2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Abdominal Carcinomatosis	3 mo.
Due to: Carcinoma of Stomach	6 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death): No	
Major findings: Of operation: Inoperable Carcinoma	
Of autopsy: None	

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
23. Signature: E. A. Williamson (M. D.) M.D.
Address: 1332 Professional Bldg Date signed 7-2-48

(Licensed Embalmer's Statement on Reverse Side)

1332 Professional Bldg.
2-4:30

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K, C, 4 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.