

FILED SEP 18 1948

Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No. 3707

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 9 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte
(c) City or town Waldron
(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 George Stoner

3. (b) If veteran, name war no 3. (c) Social Security No. 710-05-1427

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 10, 1888
(Month) (Day) (Year)

8. AGE: 59 Years Months 10 Days 0 If less than one day hr. _____ min. Arkansas

9. Birthplace Burlington Railroad
(City, town, or county) (State or foreign country)

11. Industry or business _____
12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Clarence Greenwood
(b) Address Waldron Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-10-48
(Month) (Day) (Year)

(c) Place: burial or cremation Parkville Mo.

18. (a) Signature of funeral director Seland H. Francis
(b) Address Parkville Mo.

19. (a) 9-10-48 (Date received local registrar) (b) Seraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1948 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1948, to Sept. 10, 1948,
that I last saw him alive on Sept. 10, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 8/30
Of autopsy None

Duration _____
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? _____

23. Signature Tom W. Hart (Specify type of place) _____ (c) Means of injury _____
Address Med. Dir. Gen'l Hosp. (M. D., or other) _____
Date signed 9-10-48

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

MOTHER FATHER

Dr. Stangl

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.....
P. O. Address.....

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.