

FILED NOV 16 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1196

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

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Rosary Hill Nursing Home, 2018 Francis St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 months  
(Specify whether  
 In this community 50 years.  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan //  
 (c) City or town St. Joseph //  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2018 Francis Street //  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Eva Stoner  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month October day 30th  
 year 1948 hour 1 minute 55 P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow 2  
 6. (b) Name of husband or wife Frank Stoner  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 20 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 14, 1948 to October 30, 1948  
 that I last saw her alive on October 28, 1948  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>10</u>	hr. _____ min.

Immediate cause of death Broncho Pneumonia Duration 5 days  
 Due to Myocardial Degeneration Ukn  
 Due to Arteriosclerosis, hypertension Ukn

9. Birthplace Creston, Iowa //  
(City, town, or county) (State or foreign country)  
 10. Usual occupation At home

Other conditions None  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
**MOTHER FATHER**  
 12. Name Enoch Seely  
 13. Birthplace Unknown, Ohio //  
(City, town, or county) (State or foreign country)  
 14. Maiden name Hannah M. Stalcup  
 15. Birthplace Unknown, Indiana //  
(City, town, or county) (State or foreign country)

Major findings: None  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Family records  
 (b) Address None.  
 17. (a) Burial (b) Date thereof Nov. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ashland Cemetery.

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?  
 \_\_\_\_\_

18. (a) Signature of funeral director Kathleen Meierhoffer  
 (b) Address 1946 Colhoun St., St. Joseph, Mo.  
11-9-48 (b) L. L. Jenkins  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place)  
 (a) Means of injury \_\_\_\_\_  
 23. Signature Allen Sherman (M. D. 1902)  
 Address 1302 Faraon Street Date signed 11-8-48

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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 Albert W. Harrington  
Licensed Embalmer No. 5258 Missouri  
P. O. Address St. Joseph, 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.**