

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

FILED NOV 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36118

State File No.

Registration District No. 15

Primary Registration District No. 4187

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
321 Rosefelt
(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)

3. (a) PRINT FULL NAME Benjamin Arthur Stoner

3. (b) If veteran, name war.....

3. (c) Social Security No. 710-05-1525

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Etta Stoner

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 21st 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>7</u>	<u>26</u>	hr. min.

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

10. Usual occupation Retired B+B Foreman

11. Industry or business.....

12. Name Benjamin Stoner

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

14. Maiden name Roda McKee

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

16. (a) Informant Rose E Stoner

(b) Address 321 Rosefelt Union Mo

17. (a) Place: burial or cremation Union Mo

(b) Date thereof 11/20/1948
(Month) (Day) (Year)

18. (a) Signature of funeral director E. G. Altman

(b) Address Union Mo

19. (a) Oct. 18 1948 (b) J. T. Cooper et al
(Date received local registrar) (Registrar's signature)

MOTHER FATHER
com. by wife
2-28-49
S. S. Alt

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union
(If outside city or town limits, write "RURAL")

(d) Street No. 321 Rosefelt
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 15 September 1948 to 17th October 1948
that I last saw him alive on 14 November 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Massive cerebral hemorrhage

Duration 3 hrs

Due to Hypertension; long standing

Due to arteriosclerosis; long standing

Other conditions Congestive heart failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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.....

23. Signature Wm E Richardson (M. D. or other)
Address Union, Missouri Date signed 18 Nov 48

RECEIVED
District Health Officer No. 9,
District File Number
NOV 23 1948
Date Filed

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..... *E. H. Oltmann*

Licensed Embalmer No. *1686*

P. O. Address..... *Union Ave*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Franklin } ss.

State File No. 36118-48
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25th day of February, 1949, before me appears Wm. P. Richardson M.D., who, upon oath, states that the original record of ^{birth} death for Benjamin A. Stover died 17 October, 1948, in the State of Missouri, and which was filed at Union, Missouri on 18 Oct., 1948, should be corrected as follows:

Item No. 1 should read 17 November 1948 (Date of death)
Instead of 17 October 1948

Item No. _____ should read _____
Instead of _____

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Instead of _____

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Instead of _____

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Instead of _____

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Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm. P. Richardson, M.D. Relationship.

Union, Missouri
Present Address.

Subscribed and sworn to before me this 25 day of February, 1949.

My Commission expires Jan 20 1950 W. G. Clepper Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

FEB 20 1949