

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19811**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2492**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 36 YEARS		d. STREET ADDRESS (If rural, give location) 2227 E. 69th TERR	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) MABEL b. (Middle) ERMINE c. (Last) STONE			4. DATE OF DEATH (Month) (Day) (Year) JUNE-6-1949		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH OCT-6-1900		9. AGE (In years last birthday) 48 YEARS		10. MONTHS 0 DAYS 0 HOURS 0 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARSHALL MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME C. C. BARND S.R.		13b. MOTHER'S MAIDEN NAME NELLIE CARR		14. NAME OF HUSBAND OR WIFE MARTIN V. STONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MARTIN V. STONE	
				ADDRESS 2229 EAST 69th TERR. KANSAS CITY MISSOURI	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis, generalized			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Appendicitis, acute perforated				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5501				

19a. DATE OF OPERATION 6-5-49		19b. MAJOR FINDINGS OF OPERATION Peritonitis, generalized Appendicitis, acute			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6-5**, 19**49** to **6-6**, 19**49**, that I last saw the deceased alive on **6-5**, 19**49**, and that death occurred at **2:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. W. Greene		(Degree or title) M.D.		23b. ADDRESS 1103 Grand, Kansas City, Mo	
23c. DATE SIGNED 6-6-49					

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE-8-1949		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	
				24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	

DATE REC'D BY LOCAL REG. 6-8-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newberry	
				ADDRESS 1103 Grand, Kansas City, Mo	

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

Prof. [unclear]

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *D. J. Nofsinger*

Licensed Embalmer No. *30938*

P. O. Address *Kansas 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.