

REC'D DEC 4 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

38270  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. General Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edgar C. Stoner  
 (a) Residence, No. 3516 Baltimore St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>11-17-38</u> , 19	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>					I last saw him <u>alive on</u> <u>19</u> <u>19</u> Death is said to have occurred on the date stated above, at <u>2:00 P.M.</u>	
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.					The principal cause of death and related causes of importance were as follows:	
<b>About 82</b>					Date of onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.				1° 2° 3° Burns of Lead, back chest, & upper extremities	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Retired Grocer</b>					
	10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation				Other contributory causes of importance: <u>181</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>					Name of operation	
FATHER	13. NAME <u>Christian Stoner</u>				Date of	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>				What test confirmed diagnosis? Was there an autopsy? <input checked="" type="checkbox"/>	
MOTHER	15. MAIDEN NAME <u>Sarah Dick</u>				23. If death was due to external causes (violence), fill in also the following	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>				Accident, suicide, or homicide. Date of injury <u>11-16-38</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Ed. Chandler</u>					Where did injury occur? <u>K.C. Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Washington</u> DATE <u>11-19-38</u>					Specify whether injury occurred in industry, in home, or in public place.	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Freeman Mortuary</u> <u>Kansas City, Missouri</u>					Manner of injury <u>Explosion of unknown</u>	
20. FILED <u>Nov 18, 1938</u> <u>m. m. Crowe</u> <u>Local Registrar.</u>					Nature of injury <u>begin while in his room</u>	
					24. Was disease or injury in any way related to occupation of deceased? <input checked="" type="checkbox"/>	
					If so, specify <u>Victor H. Helle</u>	
					(Signed) <u>Sam Hoop; K.C. Mo.</u>	
					(Address)	

**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, .....

*J. H. Freeman*

or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*J. H. Freeman*

Licensed Embalmer No.....

5939

P. O. Address.....

K. C. 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, above space should be left blank.**