JAN 8 1940 JAN 8 1940

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

42839
Do not use this space.

85

1. PLACE OF DEATH
(a) County Buchanan 3 Registration District No. 1001
(b) Township or City St. Joseph 1 Primary Registration District No. 1001 Registered No. 1317
(c) (d) Street No. 605 No. IIth St.
(e) Length of residence in city or town where death occurred 72 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 350 Richard Washington Stone
(a) Residence, No. 280I So. 22nd. 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Stone
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch. 30th. 1857.
7. AGE: YEARS 82 MONTHS 8 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc. Packing House
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cookville Tenn. 1

FATHER
13. NAME: John Stone 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 1

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mrs. Clifford Lane 280i So. 22nd.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Dec. 26th 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. L. Stingley St. Joseph M.o
20. FILED Dec 26, 1939 H. J. Neatlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1939, to Dec. 24, 1939
I last saw him alive on Dec 21, 1939. Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis general	?
Carcinoma of prostate	?
51	

Other contributory causes of importance:

Urinary retention	12-17-39
Hematuria	12-10-39
Uremia	12-21-39

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) S. E. Senor, M. D.
(Address) 72 2½ Francis St. Joseph

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED [illegible] STATE OFFICE
INDEX CARD RETURNED TO DISTRIC
DATE 1-14-[illegible]

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 J. L. Stringley

Licensed Embalmer No. 1946

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.