

AUG 23 1940

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Wabash Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas A. Stoneberger

3. (b) If veteran, name war _____ 3. (c) Social Security No. 509-12-8256

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cornelia Stoneberger 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 2nd 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Retired Section Foreman

11. Industry or business Wabash R.R.

MOTHER FATHER { 12. Name Louis Stoneberger

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

14. Maiden name Ellen Sortor

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

16. (a) Informant Mrs. Cornelia Stoneberger
 (b) Address Kansas City, Kas.

17. (a) Removal (b) Date thereof July 15th, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kas

18. (a) Signature of funeral director Mahan and Son
 (b) Address Moberly, Mo

19. (a) July 15-40 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County _____
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2932 No. 26th St
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
 year 1940 hour 8:05 minute A M.

21. I hereby certify that I attended the deceased from July 13, 1940, to July 15, 1940, that I last saw him alive on July 15, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
 Due to _____

Other conditions Left Hemi plegia
(Include pregnancy within 3 months of death)

Major findings:
 Of operations No operations performed
 Of autopsy No 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? 025
(Specify type of place)
 (e) Means of injury _____
(While at work?)

23. Signature P. S. Kuratoki, M.D. (M. D. or other)
 Address Moberly, Mo. Date signed July 15, 1940

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

RECEIVED

District Health Officer No. 10

District File Number 8-40-1576

Date Filed AUG 8 1940

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 *Frank D. DeWitt*

Licensed Embalmer No. *3021*

P. O. Address *Moberly 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.