No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 20 1940

State File No. 35672

Registration District No. 460 Primary Registration District No. 4274 Registrar's No. 48

1. PLACE OF DEATH:

(a) County LAFAYETTE

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

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community ALL HIS LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE

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

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN WALTON STONE

3. (b) If veteran, name war NO

3. (c) Social Security No. 490-09-0922

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ROSE STONE

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased MAY (Month) 5 (Day) 1884 (Year)

8. AGE: Years 56 Months 5 Days 3 If less than one day hr. min.

9. Birthplace STATE OF KENTUCKY (City, town, or county) (State or foreign country) 1

10. Usual occupation MILLER 1

11. Industry or business FLOUR MISSL 1

FATHER
12. Name JOHN M STONE
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name KATHRINE FLEMMING
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant ALICE MAY TANKESLEY
(b) Address HIGGINSVILLE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT (Month) 10 (Day) 1940 (Year)
(c) Place: burial or cremation HIGGINSVILLE CITY CEMETERY

18. (a) Signature of funeral director E.S. JAMES
(b) Address CONCORDIA MO

19. (a) OCT-14 (Date received local registrar) (b) Tiffany Webb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 8
year 190 hour 5 50 minute P M.

21. I hereby certify that I attended the deceased from Sept 7, 1940 to Oct 8, 1940
that I last saw him alive on Oct 8, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hydro-pericardium	2 mo.
Cardiac decompensation	2 mo
Due to Rheumatic heart disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 90 B?	

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? 41? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. J. Jessell (M. D. or other) 1
Address Higginsville MO Date signed Oct 9, 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 11-14-40
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 me, Registered Apprentice No. ..... working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia

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.