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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

State File No. 37706

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4304

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 837 W. 71st Ter.
(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) In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 837 W. 71st Ter.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 Years years.

3. (a) PRINT FULL NAME Adrian Stone

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Johannes

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

7. Birth date of deceased Jan. 30, 1860 (Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Finland (State or foreign country) 7

10. Usual occupation Retired Stone Contractor 7

11. Industry or business .....

MOTHER FATHER

12. Name Henry Stanfors 7

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

14. Maiden name Don't Know

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

16. (a) Informant Evar Stone

(b) Address 837 W. 71st Ter.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 11-11-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day ~~8~~ 9th year 1940 hour 3 minute ..... M.

21. I hereby certify that I attended the deceased from July 10 — 1938, to Nov 8, 1940 that I last saw him alive on Nov 8 — 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93c	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C O Cantrell (M. D. ~~or other~~)

Address 636 Argyle Bld Date signed Nov 10-40

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address Kansas City

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

If this body is not embalmed, fact should be so stated above.