

No. 2  
4-13-40  
5-17-39  
PI X23159

FILED MAY 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13466  
State File No. 1447  
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

8  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County. Jackson  
(b) City or town. Kansas City  
(c) Name of hospital or institution: 918 Park  
(d) Length of stay: In hospital or institution. 3 months  
In this community. 3 months

3. (a) PRINT FULL NAME Edward Alton Stone Jr.

3. (b) If veteran, name war. (c) Social Security No.

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

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

7. Birth date of deceased. Jan 28 1941

8. AGE: Years 0 Months 3 Days 12 If less than one day

9. Birthplace. Kansas City Missouri

10. Usual occupation. None

11. Industry or business.

12. Name Edward Alton Stone Sr.

13. Birthplace Okla.

14. Maiden name Mae Marie Ingram

15. Birthplace Okla.

16. (a) Informant Edward Alton Stone Sr.

(b) Address 818 Park

17. (a) Burial (b) Date thereof April 12 1941

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) Date received local registrar Apr 16 1941 (b) M. M. Crown

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson  
(c) City or town. Kansas City  
(d) Street No. 818 Park  
(e) If foreign born, how long in U. S. A.?

20. DATE OF DEATH: Month 4-10-41 day 10 year hour minute M.

21. I hereby certify that I attended the deceased from 7:5 a. to 19:00 that I last saw him alive on 19:00 and the death occurred on the date and hour stated above. Immediate cause of death.

Interstitial bronchopneumonia  
Due to 107  
Other conditions N.P.N.E.  
Major findings: Of operations 107  
Of autopsy Yes

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (M. D. or other) 3  
Address K.L. No. Date signed

101

383

**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 J. C. Law Sheppard

Licensed Embalmer No. 4179

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, fact should be so stated above.**