

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

MAY 13 1941

STANDARD CERTIFICATE OF DEATH

14927

State File No.

Registration District No. 5584-430 Primary Registration District No. 4256 Registrar's No. 430

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Wheaton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson
(c) City or town Wheaton
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Lloyd Stone
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced 1M
6. (b) Name of husband or wife Ida May Stone 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan. 9, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day.
68 2 25 hr. min.

9. Birthplace Wheaton U. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business.....

MOTHER FATHER { 12. Name James P. Stone
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Margarette Joe Skrupp
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida May Stone
(b) Address Wheaton, Mo.

17. (a) Burial (b) Date thereof 4-5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mineral Creek

18. (a) Signature of funeral director R. A. Brauminger
(b) Address Wheaton, Mo.

19. (a) May 6, 1941 (b) Annabel Reynolds
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 - 1941
year..... hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 7,
1940, to April 3, 1941;
that I last saw him alive on April 3 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of lungs complicated by Empyema of right pleural cavity and stomach intussusception
Duration 18 yrs.
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

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

23. Signature In R. Stone (M. D. or other) P. O.
Address Wheaton, Mo. Date signed 4/9/41

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-8-41

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. 3377
working under my personal supervision.

Signed R. A. Brauning
Licensed Embalmer No. 3377
P. O. Address Beeton, 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.

Registration District No. 430

Primary Registration District No. 4256

Registrar's No. _____

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME John Lloyd Stone
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 68 Months 2 Days 25 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Duration _____
emphysema (Pointing out in lung)

Due to Complicated Emphysema

Due to also Malignant Stomach Intestines

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ 47d

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

ROWENA WIS

