. No. 2
—1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27793

FILED SEP 10 1941

Registration District No. 15

Primary Registration District No. 1001

Registrar's No. 779

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

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1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: O Mo. Meth. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether

In this community 29 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan 11 1

(c) City or town St. Joseph 7 (If outside city or town limits, write "RURAL")

(d) Street No. 1719 Jules (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JESSE NEWTON STONE

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Stone

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan. (Month) 12th. (Day) 1865 (Year)

8. AGE: Years 76 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Platte County (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Construction Supt. P.W.A.

11. Industry or business

FATHER
12. Name John W. Stone
13. Birthplace unknown (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Anna Redman
15. Birthplace unknown (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant Mr. Otto W. Stone

(b) Address Chicago, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8--4--41 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) 8/4-1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1st. year 1941 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 30, 1941, to August 1, 1941; that I last saw him alive on August 1, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis, general	?
Due to: Cerebral hemorrhage - hemiplegia left	4 days
Due to: —	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	
Of autopsy: —	

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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 S. P. Senor M.D. (M. D. or other) MD

Address St. Joseph, Mo. Date signed 8-4-41

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(Licensed Embalmer's Statement on Reverse Side)

OCT 6 1944

OCT 6 1944

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.....

Licensed Embalmer No. 3955

P. O. Address St. Joseph, 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.