

FILED FEB 18 1948
328

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution:
2414 MAIN
(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 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Trenton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2414 Main 17
(If rural, give location)

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

3. (a) PRINT FULL NAME HIRAM J. STONEKING

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 6 day 1948
year _____ hour 18:30 minute 7 M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from about
Nov 1, 1940 to Jan 6, 1948
that I last saw him live on Jan 6, 1948
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

Immediate cause of death Carcinoma of Stomach 1 yr
Duration

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JANUARY 8 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>28</u>	_____ hr. _____ min.

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) H6

10. Usual occupation Laborer

11. Industry or business GENERAL LABOR

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name DAVID STONEKING

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

14. Maiden name MARY JANE MCCOY

15. Birthplace Schuyler Co. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant E. S. Stoneking

(b) Address Trenton, Mo.

17. (a) BURIAL None Jan 8, 1948
(Burial, cremation, or removal) (State or foreign country) (Month) (Day) (Year)

(c) Place: burial or cremation None

18. (a) Signature of funeral director Raymond A Davis

(b) Address Trenton Missouri

19. (a) 1-8-48 (b) Greene D Jain
(Date received local registrar) (Registrar's signature)

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)

Did injury occur in or about home, on farm, in industrial place, in public place? U

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

23. Signature E. D. Duffly (M. D. or other) _____
Address Trenton Mo Date signed Jan 8 48

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

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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Clifford Olney

Licensed Embalmer No. *3483*

P. O. Address..... *Hunter 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.