

**FILED MAR 9 1942**  
Registration District No. **277**

Primary Registration District No. **1002**

Registrar's No. **693**

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: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
In this community **1 year**  
(Specify whether years, months or days)

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. **1443 Jefferson**  
(If rural, give location)  
(e) Citizen of foreign country? **None** (Yes or No)  
If yes, name country **None**

3. (a) PRINT

FULL NAME **James F. Stone**

(b) If veteran, name war **None** (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **married**  
6. (b) Name of husband or wife **Ruth Stone** 6. (c) Age of husband or wife if alive **27** years  
7. Birth date of deceased **Jan 12 1910**  
(Month) (Day) (Year)

8. AGE: Years **32** Months **1** Days **4** If less than one day  
.....hr. ....min.

9. Birthplace **Christopher / Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cook**

11. Industry or business **Cook**

12. Name **James Stone**

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

14. Maiden name **Hattie Melton**

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

16. (a) Informant **Mrs. Guy Provart**

(b) Address **27 1/2 Central Ave Kc Ks,**

17. (a) **Burial** (b) Date thereof **Feb 18 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **Steinbacher**

(b) Address **3146 Main St.**

19. (a) **2/18/42** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **16th**  
year **1942** hour **2.55** minute **PM**

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
that I last saw \_\_\_\_\_ on \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

**Grand pneumonia**  
Due to **Acute Alcoholism (Hysteria)**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **107a**

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 **Reseller Gen** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Russell W Kew  
5938 Blue Hills Road

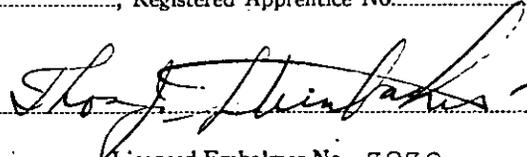
---

**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



Licensed Embalmer No. 3030

P. O. Address Kansas City MO

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

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