

FILED SEP 11 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3295

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 Northeast Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital of institution 4 Days  
 In this community 24 Years  
 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. 1417 Benton Blvd.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Vaneta Marie Roberts Stone  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 486-090383

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day 2nd  
 year 1942 hour 6 minute 50 P. M.

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mr. Max M. Stone  
 6. (c) Age of husband or wife if alive 24 years  
 7. Birth date of deceased: December 13 1917  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1942 to Sept 2 1942  
 that I last saw her alive on Sept 2 and that death occurred on the date and hour stated above.  
 Immediate cause of death Eclampsia

8. AGE: Years 24 Months 8 Days 20 hr. 19 min.

Due to Pregnancy  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

9. Birthplace Kansas City Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Secretary-Mail Order Advertising

Major findings: Caesarean Section  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business Sears Roebuck & Company  
 12. Name Glenn Raymond Roberts  
 13. Birthplace White Cloude Iowa  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Grace Marie Scheer  
 15. Birthplace Sedalia Missouri  
 (City, town, or county) (State or foreign country)

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

16. (a) Informant Mr. Max M. Stone  
 (b) Address 1417 Benton Blvd.

23. Signature Olaf Callaghan (M. D. or other) Dr.  
 Address 6047 E. 15 St. Date signed 9/5/42

17. (a) Burial (b) Date thereof Sept. 4, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Floral Hills Cemetery  
 18. (a) Signature of funeral director D. H. Newcomer's Sons  
 (b) Address 1401 Brush Creek Blvd.  
 19. (a) 9-4-42 (b) M. M. Brown  
 (Date received local registrar) (Registrar's signature)

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

Duration 3 day  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

6047 East 15th Street  
9:00 a.m. - 11:00 a.m.

3527  
- 30 - 781

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**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 J. Virgil Herrick  
Licensed Embalmer No. 3599  
P. O. Address Kansas City 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.**