S. No. 2
1—9-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22251

State File No.

FILED JUL 14 1943

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Mo. (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 (Specify whether In this community All Her Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

(c) City or town Richmond Mo. (If outside city or town limits, write "RURAL")

(d) Street No. Buckhanan Street. (If rural, give location)

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

If yes, name country U.S.A. 0

3. (a) PRINT FULL NAME Irene Stone

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Never was Married

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

7. Birth date of deceased Aug. 5 th. 1867 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name George A. Stone
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mollie Huggens
15. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)

16. (a) Informant W. M. Aulmut

(b) Address Richmond Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 26-43. (Month) (Day) (Year)

(c) Place: burial or cremation Elmns Cemetary Kansas City Mo.

18. (a) Signature of funeral director J. B. Brothers

(b) Address Richmond Mo.

19. (a) June 25-43 (Date received local registrar) (b) Mrs Chas W. Sheppard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1943 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from June 21, 1943, to June 24, 1943 that I last saw her alive on June 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 3 days

Due to Arterial Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 830

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 Dr. E. G. Kevan A.B.R.D. (Dr. of other)

Address Richmond, Mo. Date signed June

12.80

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-13-43

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 J.B.Brothers, Registered Apprentice No., working under my personal supervision.

Brothers Funeral Home.

Signed J.B.Brothers,

Licensed Embalmer No. 2001.

P. O. Address Richmond 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.