

S. No. 2
4-1-4-41
1-17-39
X2555

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27773
Registrar's No. 888

ED SEP 11 1943 85-42

Registration District No. _____

Primary Registration District No. 1001 1000

1. PLACE OF DEATH:

(a) County RICHMOND
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Paul
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rachel Stone

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife David Taylor Stone 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased 11 10 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Bramegen

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

14. Maiden name Mary Clark

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

16. (a) Burial or cremation Burial
(b) Address Sugar Creek Cemetery

17. (a) Burial, cremation, or removal Burial (b) Date thereof 8/10/43
(Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director St. Joseph
(b) Address St. Joseph

19. (a) 8/15/43 (Date received local registrar) (b) Rae Keyes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4
year 1943 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8-3-43 to 8-4-43
that I last saw him alive on 8-4-43 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to arteriosclerosis, general

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

Major findings: Of operations 93d
Of autopsy above

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? _____

23. Signature Louis J. McDuff (M.D. or other) MD
Address State Hospital # 2 Date signed 9/4/43

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

MOTHER FATHER

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.....

Frank A. Beuma

Licensed Embalmer No.....

1710

P. O. Address.....

St. Joseph M

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.