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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1764

State File No.

FILED FEB 28 1944

Registration District No.

Primary Registration District No.

Registrar's No. 3

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: 3829 East 11th, St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 42 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. 3829 East 11th, St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret A. 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 Widow

6. (b) Name of husband or wife Steven R. Stone

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

7. Birth date of deceased Nov. (Month) 28th (Day) 1872 (Year)

8. AGE: Years 72 | Months 1 | Days 3 | If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business own home

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sophia Grandy
(b) Address 3829 East 11th, St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemm.

18. (a) Signature of funeral director Earp Funeral Home
(b) Address 4139 East 15th, St.

19. (a) Jan 2 1944 (Date received by local registrar) (b) H. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st. day Jan. year 44 hour 5/30 minute A M.

21. I hereby certify that I attended the deceased from Cancer, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations

Of autopsy Negative history

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 O. J. Stith M. D. (Attending physician or other)

Address Kansas Date signed 1/6/44

(Licensed Embalmer's Statement on Reverse Side)

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 John B. Carp

Licensed Embalmer No. 2955

P. O. Address K. C. Mo

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

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