

S. No. 2  
M-3-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 14 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23897  
State File No. \_\_\_\_\_  
3140  
Registrar's No. \_\_\_\_\_

Registration District No. 149 Primary Registration District No. 1002

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

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: St. Joseph Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day 0  
In this community 30 yrs  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mary A. Stone  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John Stone 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 6th 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 23 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Elliott

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

14. Maiden name Melvina Grimes

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

16. (a) Informant M.V. Stone

(b) Address 2229 East 69th Terrace, K.C. Mo.

17. (a) Burial (b) Date thereof Aug 1st 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hebron Cemetery

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn ave. Kansas City Mo.

19. (a) 7-31-44 (b) P. E. Brown  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 33  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3833 East 68th street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1944 hour 11:45 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from July 27  
1944 to July 29 1944  
that I last saw her alive on July 29 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 2 hrs  
Intestinal obstruction of  
Colon at sigmoid flexure  
Due to Carcinoma of Colon

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: 462  
Of operations \_\_\_\_\_  
Of autopsy yes

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 \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
23. Signature J. C. Donaldson (M. D. or other) \_\_\_\_\_  
Address 615 Arroyo de Belg Date signed 7/30/44

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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. H. Henrich*

Licensed Embalmer No. *3599*

P. O. Address.....

*J. H. Henrich*

**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.**