

No. 2-43 17-39 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 17 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1465

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 70

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: Osteopathic Hospital  
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 2 Days  
(Specify whether in this community 25 Years years, months or days)

3. (a) PRINT FULL NAME B. Fred Stonehocker

3. (b) If veteran, name war No

3. (c) Social Security No. 493-22-9260

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rachel E. Stonehocker

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased 8 16 1869  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>75</u> | <u>4</u> | <u>18</u> | hr. min.             |

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

10. Usual occupation Utility Man

11. Industry or business President Hotel

12. Name Hiram Stonehocker

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

14. Maiden name Mary Sanders

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

16. (a) Informant Mrs. Rachel E. Stonehocker

(b) Address 3300 East 27th. Street

17. (a) Burial (b) Date thereof 1-6-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

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

(b) Address Kansas City, Missouri

19. (a) 1-6-45 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 3300 East 27th. Street  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4  
year 45 hour 30 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 18 1945 to Jan 4 1945  
that I last saw him alive on Jan 3 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Emphysema (Right Lung) 1 week

Due to Diffuse Arteriosclerosis?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 430

Of autopsy \_\_\_\_\_

Duration 2 days

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify time of day) (Specify type of place) (Specify means of injury)

23. Signature D. E. Brown (M. D. or other) DO  
Address 3300 East 27th Street Kansas City, Mo. 64111  
Date signed 1-4-45

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

Dr. W.W. Thompson  
3800 East 27th. St.

26. 2. 8 5 1  
1-5 pm

**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 Theron D. Redman

Licensed Embalmer No. 2737

P. O. Address K.C. 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.**