

FILED MAY 7 1945

Registration District No. _____

Primary Registration District No. 3004

Registrar's No. 35

1. PLACE OF DEATH: Barton
 (a) County Lamar
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 74 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Barton 6
 (a) State (b) County
 (c) City or town Lamar (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME MARGARET MOREY STONE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 21
 1945 year hour 1 minute 00 A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Charles T. Stone
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased August 19 1869 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 5, 1945, to April 21, 1945, and that death occurred on the date and hour stated above.
 Immediate cause of death: Peritonitis aneurysm

8. AGE: Years 75 Months 9 Days 2 If less than one day hr. min.

Duration
 Due to 5 min.
 Due to

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name William Gardner
 13. Birthplace Covington, Kentucky (City, town, or county) (State or foreign country)
 14. Maiden name Sarah M. James
 15. Birthplace Hazeldell, Indiana (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 730
 Of autopsy
 PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Denzil Stone
 (b) Address Milford, Missouri

17. (a) Burial (b) Date thereof Apr. 22 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James Cemetery
 18. (a) Signature of funeral director KONANTZ FUNERAL HOME
 (b) Address Lamar, Missouri

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 type of place) (e) Means of injury
 23. Signature D. G. Galbraith (M. D. or other)
 Address Landon, Mo. Date signed 4. 24 45

19. (a) 4-21-45 (b) Martha River (Data received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 542-513

Date Filed MAY 2 1945

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.....

Carl F. Monantz
.....
Licensed Embalmer No. 2247

P. O. Address. Lamar, Missouri

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.