

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23236**
Registrar's No. **3147**

FILED AUG 4 1945

Registration District No. 147 Primary Registration District No. 1002

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:
Vineyard Park Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandott
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1142 S.W. Blvd.
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Ella Mae Stoner
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 25
year 45 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from
6-27-45, 1945, to 7-25-45, 1945;
that I last saw her alive on 7-24-45, 1945;
and that death occurred on the date and hour stated above.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl Stoner
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Oct 25 1896
(Month) (Day) (Year)

Immediate cause of death Carcinoma of pancreas and liver
Due to Carcinoma of stomach

8. AGE: Years 48 Months 9 Days 0
If less than one day _____ hr. _____ min.

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

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

Major findings: Carcinoma
Of operations _____
Of autopsy N
Underline the cause to which death should be charged statistically.

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name No Data
13. Birthplace " "
(City, town, or county) (State or foreign country)
14. Maiden name " "
15. Birthplace " "
(City, town, or county) (State or foreign country)

16. (a) Informant Rosella Allegre
(b) Address 1142 S.W. Blvd. Bkx
17. (a) Burial (b) Date thereof 7-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill cem. K.C.K.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Auto Accident
(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 _____
Signature W. H. Kelly (M. D. or other)
Address 532 Summit St. Date signed July 24

18. (a) Signature of funeral director J. J. J. J.
(b) Address _____
19. (a) 7-26-45 (b) Steraline Holmes
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

0561 92 1771

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.

~~not embalm~~

Signed H. Simonson

Licensed Embalmer No. 3903

P. O. Address. K C K

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.