

FILED MAR 18 1946

Registration District No. **149**

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: **Major Sanitarium**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **9 Days**
 (Specify whether
 In this community **52 years, 11 Months, 21 Days**
 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. **4463 Jefferson Street**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **ARVID LEONARD STONE**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-10-3514**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Fern Stone** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **March 11th 1893**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 11 21 23 hr. min.

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

10. Usual occupation **Office Clerk**

11. Industry or business

MOTHER FATHER { 12. Name **Adrian Stone**
 13. Birthplace **Finland**
 (City, town, or county) (State or foreign country)
 14. Maiden name **May Johanna Rosenhof**
 15. Birthplace **Finland**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fern Stone**

(b) Address **4463 Jefferson**

17. (a) **Burial** (b) Date thereof **3 / 6 / 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Moriah Cemetery**

18. (a) Signature of funeral director **Freesman Mortuary & Chapel**

(b) Address **104 West 42nd Street**

19. (a) **3-5-46** (b) **Sheraldine Holman**
 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4th**
 year **1946** hour **8 30** minute **AM**

21. I hereby certify that I attended the deceased from **Feb 25**
 1946 to **March 4** 1946
 that I last saw him alive on **March 4** 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: **acute cardiac dilatation**
 Due to **hypertension**
with the great shock treatment.
 Due to _____

Other conditions: **major psychosis**
 (Includes pregnancy within 3 months of death)

Major findings:
 Of operations **g4d**
 Of autopsy _____

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)
 (b) Means of injury _____
 23. Signature **Ruth V. Craft** (M. D. or other)
 Address **1092 Carnegie Bldg** Date signed **3/4/46**

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

8633

1022 Angles Hwy.

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.