

S. No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13467**  
Registrar's No. **122**

**FILED** MAY 9 1946  
Registration District No. **146**

Primary Registration District No. **5568**

1. PLACE OF DEATH:  
(a) County **Jackson** *Blue Trip*  
(b) City or town **Independence, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1224 West 25th St. Tr.** *Rural*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **30 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson** *48*  
(c) City or town **Independence**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1224 West 25th St. Tr.** *Rural*  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Carrie A ston**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **2** year **1946** hour **10** minute **8** A.M.  
21. I hereby certify that I attended the deceased from **Jan 4, 1943** to **April 2, 1946**  
that I last saw her alive on **April 2, 1946** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Emanuel A ston**  
6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **October 12 1876**  
(Month) (Day) (Year)

Immediate cause of death **Coronary thrombosis** *15 min*  
Due to **Cardio-vascular**  
**renal disease & hypertension** *3 yr.*  
Due to.....  
Other conditions **Bronchial asthma** *3 yr.*  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**69** **5** **20** hr. min.  
9. Birthplace **Iowa** (City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

Major findings: Of operations **NO operation**  
Of autopsy **NO autopsy**  
PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business.....  
12. Name **Freeman Bennett**  
13. Birthplace **Iowa** (City, town, or county) (State or foreign country)  
14. Maiden name **Sarah Brommley**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Emanuel Aston**  
(b) Address **1224 W. 25th St. Tr. Indep. Mo.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 5, 1946** (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt. Washington Cem. Indep.**  
18. (a) Signature of funeral director **George C. Carson**  
(b) Address **Independence, Missouri**  
19. (a) **Apr 12-1946** (Date received local registrar) (b) *James D. Beary* (Registrar's signature)

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 *W. H. Allen M.D.* (M. D. or other)  
Address **Independence** Date signed **4/3/46**

354 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
12373

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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, ~~and~~ by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 4123

P. O. Address Indianapolis, Ind.

**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.**