V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8064

Registration District No. 42 Primary Registration District No. 5124 Registrar's No. 396

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Rural Bloomington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 Mi. So and 1 Mi. West of DeKalb
(If not in hospital or institution, write street number or location) R.R. 2
(d) Length of stay: In hospital or institution ; (Specify whether
In this community 55 years /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural Bloomington Township
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Mi So and 1 Mi West of Dekalb R.R. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Edward Stone
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leetta Stone
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased May (Month) 15 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
79	10	22	hr. min.

9. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name David Vance Stone
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Mary E. Brumley
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Leetta Stone
(b) Address R. R. #2, DeKalb, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery
18. (a) Signature of funeral director Chas. Bowman
(b) Address St. Joseph, Mo.
19. (a) 3-20-47 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1947 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb. 1st 1947, to March 17 1947, that I last saw him alive on March 17 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 da
produced by malignant	
Due to hypertension	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 83A
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature Wm. M. Wilson M.D. (M. D. or other) D.O.
Address DeKalb, Mo. Date signed 3/17/47

382 (Licensed Embalmer's Statement on Reverse Side)

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. Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, 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.