. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41940

Registrar's No. 5549

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: Residence, 529 S. Denver /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ~~8 weeks~~ (Specify whether years, months or days)
In this community: 20 years

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.: 529 S. Denver
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MRS. NANCY BELLE STONE
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: female /
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: John W. Stone
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October 14, 1874 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	2	17	hr. min.

9. Birthplace: Webster Co., Mo. (City, town, or county) (State or foreign country) U
10. Usual occupation: housewife
11. Industry or business: self employed

MOTHER FATHER
12. Name: William M. Cain
13. Birthplace: Unknown, Tenn. / (City, town, or county) (State or foreign country)
14. Maiden name: Floyentine Brown
15. Birthplace: Unknown, Tenn. / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Edwin S. Stone
(b) Address: 558 Stonewall Ct. K.C.Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Marshfield, Mo.
18. (a) Signature of funeral director: Geo. E. Carson
(b) Address: Independence, Mo.
19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1947 hour 8:00 minute A M

21. I hereby certify that I attended the deceased from June 28, 1947, to Dec 31, 1947, that I last saw her alive on Dec 25, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Fungal and bucco Eosinophilia and Carcinoma
Due to: Metastatic lymphadenopathy cervical glands 8 mo
Due to:
Other conditions: Cachexia 9 mo
(Include pregnancy within 3 months of death)
Major findings: Of operations: Biopsy every 45 d
Treated by X-ray
Of autopsy: No autopsy

Duration

PHYSICIAN — Underline the cause of 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:

23. Signature: C. H. Allen (M. D. or other)
Address: Independence Mo Date signed: 12/31/47

Jefferson City Printing Co. (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 Donald W. Hanks Registered Apprentice No. 425, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.