S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44403

FILED JAN 17 1948

Registration District No. 136 Primary Registration District No. 2001 Registrar's No.

49
2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community 55 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 1215 Broadway (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Reuben Westley Stone
3. (b) If veteran, name war No
3. (c) Social Security No. 401-01-1344
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Myrtle Moore Stone
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased August 7, 1880 (Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 27 If less than one day ... hr. ... min.

9. Birthplace Fulton Kansas. (City, town, or county) (State or foreign country)
10. Usual occupation music store salesman
11. Industry or business
FATHER
12. Name James W. Stone
13. Birthplace no record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Leanna Cranshaw
15. Birthplace Waldron Arkansas. (City, town, or county) (State or foreign country)
16. (a) Informant Myrtle Stone
(b) Address 1215 Broadway, Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Cem.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 11-14-47 (Date received local registrar) (b) Dolores Lamphins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 3, day 1947
year hour 4-05 A.M. minute M.
21. I hereby certify that I attended the deceased from 2-8, 1947, to 11-3, 1947; that I last saw him alive on 11-2-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the esophagus — Duration: 10 months
Due to
Due to
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy no

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 [signature] (M. D. or other) MD
Address Joplin Mo. Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-991

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.