No. 2
12-45
7-39
K47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1885

Registration District No. 243 Primary Registration District No. 3047 Registrar's No. 10.

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Neosho (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 726 Sherman Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 22 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton 73
(c) City or town: Neosho (If outside city or town limits, write "RURAL") 3
(d) Street No.: 726 Sherman Ave. (If rural, give location) 2
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: Benjamin Burley Stone
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Etta Ethel Stone
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: Feb. (Month) 16 (Day) - 1878 (Year)

8. AGE: Years 69 Months 11 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace: Neosho (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business ____
12. Name (Father): William Walker Stone
13. Birthplace (Father): Nashville (City, town, or county) Tenn. (State or foreign country)
14. Maiden name (Mother): Eliza Ann Campbell
15. Birthplace (Mother): Paducah (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Etta E. Stone
(b) Address: Neosho, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation: I.O.O.F. Cemetery Neosho
18. (a) Signature of funeral director: Clark-Bichan Mortuary
(b) Address: Neosho, Missouri
19. (a) Jan. 28, 1948 (Date received local registrar) (b) Malvain E. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 27 year 1948 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 19, 1947, to 1-27-, 1948; that I last saw him alive on Jan. 27, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer with Wide Spread Metastasis. — Duration
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____
Of autopsy ____

ADDITIONAL SUPPLEMENTARY INFORMATION RECEIVED

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 ____

23. Signature: Warren M. Jones (M.D. or other) DO
Address: Neosho, Mo. Date signed 1-28-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton
District File Number 248-239
Date Filed 2-2-48

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 K. L. White

Licensed Embalmer No. 4240

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
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BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Fe/

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Benjamin B. Stone

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 16 (Month) (Day) 1878 (Year)

8. AGE: Years 69 Months 17 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) No (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Day 27 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cancer of Prostate Gland c̄ metastasis to

Due to Intestional tract and Chest.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

51B

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-1885