

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED JUL 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19685
State File No. _____
Registrar's No. 2635

Registration District No. 149

Primary Registration District No. 1002

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

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether)
In this community 37 years
years, months or days

3. (a) PRINT FULL NAME Rachael Stone
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John R. Stone
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased JUNE 28 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 24
If less than one day hr. _____ min. _____

9. Birthplace Green castle Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Jane Abernathy
13. Birthplace No Record Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Shaw
15. Birthplace No Record Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Longbrake
(b) Address 1225 Metropolitan, N.C. X.
17. (a) Burial (b) Date thereof 6/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah, N.C. Mo.

18. (a) Signature of funeral director Gate Funeral Home
(b) Address 1901 Clatsop Blvd. N.C. Mo. News
19. (a) 6-23-48 (b) Eeraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 18 W. 38 St.
(If outside city or town limits, write "RURAL") (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 22
year 1948 hour 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 9, 1948, to June 22, 1948;
that I last saw her alive on June 22, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Arteriosclerotic heart disease

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None 932

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? _____

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 6-23-48
(Specify type of place) (2) Means of injury

Dr. S. J. ...

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 *Jimmy S. Duckhorn*
Licensed Embalmer No. *4092*
P. O. Address *Missouri, Kansas*

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.