FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 17 1948
Registration District No. 212

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23599

Primary Registration District No. 5779

Registrar's No. 31

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Rural - Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 mi N-W-Bagnell-Dam
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 14 yrs 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2½ mi E - Eldon Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME John-Roberts-Stoner
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male D
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Inez-Adell-Stoner
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 24 (Day) 1872 (Year)

8. AGE: Years 75 Months 11 Days 9 If less than one day — hr. — min.

9. Birthplace unknown (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming - General
FATHER
12. Name Milton Stoner
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Frances Peek
15. Birthplace unknown (City, town, or county) Ky 1 (State or foreign country)
16. (a) Informant Inez-Adell-Stoner
(b) Address Eldon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Dooley Cem
18. (a) Signature of funeral director Keith M Kays
(b) Address Eldon Mo
19. (a) 7-5-48 (Date received local registrar) (b) A Werretta Walt (Registrar's signature) 1493

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1948 hour 6 minute 30 P M.
21. I hereby certify that I attended the deceased from 4/15, 1948 to 7/3, 1948
that I last saw him alive on 6/30, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrosis of Liver	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

124 B

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 0
23. Signature G D Walker (M. D. ~~or other~~)
Address Eldon Mo Date signed 7-5-48

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

RECEIVED
District Health Officer No. 9,
District File Number JUL 16 1948
Date Filed

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 Keith M Kaye

Licensed Embalmer No. 3998

P. O. Address ELDON 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.