

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

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 #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 days
 (Specify whether
 In this community 25 yrs.
 years, months or days)

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. 1726 Euclid Avenue
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROBERT B. STONE

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced / MARRIED

6. (b) Name of husband or wife IVY 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased DECEMBER 17 1882
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 18 hr. min.

9. Birthplace GAINSVILLE TEXAS
 (City, town, or county) (State or foreign country)

10. Usual occupation MINISTER

11. Industry or business _____

12. Name HENRY STONE

13. Birthplace TEXAS
 (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant WIFE: IVY L. STONE

(b) Address 1726 Euclid Avenue

17. (a) Burial (b) Date thereof Oct-11-48
 (Funeral, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln cemetery

18. (a) Signature of funeral director H B Moore

(b) Address 1820 E. 18th St

19. (a) 10-7-48 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 5th
 year 1948 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from SEPTEMBER 8th, 19 48 to OCTOBER 5th, 19 48
 that I last saw him alive on OCTOBER 5th, 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL VASCULAR ACCIDENT

Due to HYPERTENSIVE HEART DISEASE

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93

Of autopsy _____

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? _____

While at work (Specify type of place) E. Frank Ellis
 (e) Means of injury fall

23. Signature [Signature] (M.D. or other) 10/6/48

Address 600 East 22nd Street Date signed 10/6/48

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

AB Moore

Licensed Embalmer No. *2410*

P. O. Address *1820 E 18th*

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.