No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39918

Registration District No. 139 Primary Registration District No. 4209 Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Mt. Moriah
(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 One year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 4
(c) City or town Mt. Moriah 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Leslie Eugene Stoner
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 19 1947 (Month) (Day) (Year)

8. AGE: Years 1 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Creston, Iowa. (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Robert L. Stoner
13. Birthplace Harrison Co., Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ellen Griffey
15. Birthplace Harrison Co., Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Ellen Stoner
(b) Address Mt. Moriah, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lilly Cemetery
18. (a) Signature of funeral director E. J. Stoklasa
(b) Address Cainsville, Mo.
19. (a) Dec. 30-48 (Date received local registrar) (b) S. Pha Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1948 hour 2 minute 15 P 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 Cerebral Hemorrhage
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 2
23. Signature Jol E. Wheeler (M. D. or other) Coroner
Address Bethany, Mo. Date signed 12/29/48

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

JAN 10 1949

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~~ Winifred S. Taff, Registered Apprentice No. 239, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.