

FILED SEP 21 1956

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3728

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>126 So. Bellvue</u>		Length of stay in <u>28 yr.</u>	d. STREET ADDRESS (If outside, give location) <u>126 So. Bellvue</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>GEORGE WILLIAM STONE ROCK</u>			4. DATE OF DEATH <u>Aug. - 23 - 1956</u>		
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <u>Sept 26 - 1927</u>		
9. AGE (In years last birthday) <u>28</u>			9. AGE (In years last birthday) MONTHS <u>—</u> DAYS <u>—</u> HOURS <u>—</u> MIN. <u>—</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>George Washington Stonerock</u>		
14. MOTHER'S MAIDEN NAME <u>Mabel James</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>499-28-3891</u>			17. INFORMANT <u>Ms. Mabel Stonerock</u> Address <u>126 So. K.C., Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Grand Ail</u> DUE TO (c) <u>E. Feb 12/56</u>					INTERVAL BETWEEN ONSET AND DEATH <u>35 hr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Strangulation during epileptic attack</u>			
20c. TIME OF INJURY Hour <u>8</u> Month <u>23</u> Day <u>56</u> a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Kansas City, Jackson</u>		20g. STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Geo. C. Kealhofer</u> (Print name or title)			22b. ADDRESS <u>6627 Park St 5000</u>		22c. DATE SIGNED <u>8-23-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>8-25-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Meriah Cem.</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		(State)			
24. FUNERAL DIRECTOR <u>C. J. Blackman &amp; Son</u>		ADDRESS <u>Mo. K.C., Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-24-56</u>	
26. REGISTRAR'S SIGNATURE <u>neva minshall</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Geo. C. Kealhofer

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Bert B. Bennett*

Licensed Embalmer No. *465*

P. O. Address *D.C., Md.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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