FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29264

FILED OCT 2 1948 77
Registration District No.

Primary Registration District No. 3016

Registrar's No. 214

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City (If outside city or town limits, write "RURAL")
(d) Street No. 608 E. State (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William P Stone
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 5 (Month) 1883 (Day) (Year)

8. AGE: Years 65 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Pettis County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer Keeper
11. Industry or business Farmer
MOTHER
12. Name Mary E. Stone
13. Birthplace Unknown (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Mary E. Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Jack Stone
(b) Address Los Alamos, New Mexico
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Cemetery
18. (a) Signature of funeral director
(b) Address
19. (a) 9-21-48 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1948 hour 2 minute 30 A. M.
21. I hereby certify that I attended the deceased from 9-17-48, 19..., to 9-20, 1948;
that I last saw him alive on 9-19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Vascular Disease	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy:	

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

23. Signature W. M. Scully (M. D. or other)
Address Jefferson City Mo. Date signed 9-22-48

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

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

1/47
5-17-39

RECEIVED
District Health Officer No. 9
District File Number
Date Filed OCT 1 1948

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 Donald [illegible], Registered Apprentice No. 481, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3041

P. O. Address [illegible]

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.