

FILED MAY 16 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 1001

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home & SAN.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3/26/45 to 4/2/46 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin 999
(c) City or town Staunton 11
(If outside city or town limits, write "RURAL")
(d) Street No. Bunker Hill Road 0
(If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PAUL M. Stone

3. (b) If veteran, name war Nil (c) Social Security No. 379-03-4486

4. Sex MALE race White 5. Color or White (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Stone 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased September 3 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 29 hr. min.

9. Birthplace Van Buren Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Instructor

11. Industry or business General Motors Institute

MOTHER FATHER { 12. Name Henry C. Stone
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Richardson
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Stone
(b) Address Staunton, Ill.

17. (a) Removal (b) Date thereof 5-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Staunton, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 5-8-46 (b) E. D. McSorran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1946 hour 4:30 minute A M.
21. I hereby certify that I attended the deceased from Feb 3
1946 to May 2 1946
that I last saw him alive on May 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis 93d

Due to Generalized arteriosclerosis 97

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place)
23. Signature E. D. McSorran (M. D. or other) MD
Crene Cochrane Date signed 5-2-46
Address _____

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

1699

FEB 5 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Henry M. Brammer

Licensed Embalmer No. *4200*

P. O. Address.....

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.