

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 11 1939 398  
Registration District No. 398

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City 1  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mc Ken Hospst  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community unknown  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1300 \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 7 \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Inf Stauffer 2/16

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6  
year 1939 hour 3 minute 8 M.

21. I hereby certify that I attended the deceased from Nov  
5-39, 19, to Nov 6-39, 1939  
that I last saw him alive on Nov 6-39, 1939;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased Nov 2 1939  
(Month) (Day) (Year)

Immediate cause of death  
Prematurity

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1  
If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Benneth Anthony

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

14. Maiden name Roberta Stauffer

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

Major findings:  
Of operations \_\_\_\_\_

Of autopsy See above

16. (a) Informant's own signature Richard Clark

(b) Address 17 C Ken Hospst

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? 1

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation See above

(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Wm A Schuyler

(b) Address 17 C Ken Hospst

19. (a) 11-10-39 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

23. Signature Dr De Maria (M. D. or other) \_\_\_\_\_  
Address 17 C Ken Hospst Date signed \_\_\_\_\_

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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.....  
....., Registered Apprentice No.....,  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.**