No. 2
1-10-39
17-39
X21492

FILED JUN 17 1940

Frank E. Stodgell.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17696

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2223

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3205 East 15th Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 60 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2713 Jackson Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME FRANK E. STODGELL 232

3. (b) If veteran, name war None

3. (c) Social Security No. 496-16-4366

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa Stodgell

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. (Month) 25th, (Day) 1870 (Year)

8. AGE: Years 69 Months 8 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Summe Dairy. 4

11. Industry or business

FATHER
12. Name James Thomas Stodgell. 4
13. Birthplace ..... (City, town, or county) England. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ann Foster
15. Birthplace ..... (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs. Theresa Stodgell.
(b) Address 2713 Jackson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/40 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) May 30, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 5-16-40
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Deputy Coroner 8 45 P.M. 19..., that I last saw ..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Acute pulmonary edema

Due to Chronic diffuse myocardial fibrosis

Due to Coronary sclerosis 92C

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 5

23. Signature [signature] (M. D. or other)
Address K. C. Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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. 2799

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.