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

FILE JUN 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17697

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2224

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township) 3

(c) Name of hospital or institution: Swope Park Lagoon (If not in hospital or institution, write street number or location)

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

In this community 15 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2925 Wayne Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME Richard Stompoly 351

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased June (Month) 3 (Day) 1924 (Year)

8. AGE: Years 15 Months 11 Days 25 If less than one day ___ hr. ___ min.

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

10. Usual occupation Student

11. Industry or business Central Junior High School

FATHER
12. Name Joseph Stompoly
13. Birthplace (City, town, or county) Syria (State or foreign country)

MOTHER
14. Maiden name Marie Anthon
15. Birthplace (City, town, or county) Syria (State or foreign country)

16. (a) Informant Marie Stompoly

(b) Address 2925 Wayne Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1940 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__; that I last saw him alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Death by Drowning

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident

(b) Date of occurrence 5-28-40

(c) Where did injury occur? Kansas City Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public (Specify type of place)

While at work? (e) Means of injury Capsized while Boating

23. Signature Russell W. Kerr (M. D. or other)

Address Kerr 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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.