FILED AUG 14 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24101

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2711

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

1. PLACE OF DEATH:

(a) County Jackson 2

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

(c) Name of hospital or institution:
5733 Tracy Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 23 Yrs.
years, months or days)

3/6

3. (a) PRINT FULL NAME Mr. William A Stover

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Maud Stover

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 25 (Month) 1868 (Day) (Year)

8. AGE: Years 72 Months 10 Days 10 If less than one day ___ hr. ___ min.

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

10. Usual occupation Carpenter

11. Industry or business Retired

FATHER
12. Name William F. Stover
13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Ellen Snyder
15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs Maude Stover
(b) Address 5733 Tracy

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 7, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Perth, Kansas

18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) July 6, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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. 5733 Tracy Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1940 hour 11 minute A. M.

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

Deputy Corone

Immediate cause of death
Stab wound of chest
Due to
Hemothorax (left)
Due to
Other conditions
(Include pregnancy within 3 months of death)

174

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) Homicide
(b) Date of occurrence 7-5-40
(c) Where did injury occur? K. C. Mo (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 [illegible] (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 H. O. Newcomer Jr

Licensed Embalmer No. 4043

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.