

FILED MAR 14 1941
Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1016 Chestnut Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jack STAPLE

3. (b) If veteran, No name war
3. (c) Social Security No. 493-12-2985

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

6. (b) Name of husband or wife Helen Staple
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 27 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Rochester, N. York
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business West End Hotel

12. Name of father Christopher Staple
13. Birthplace of father England 4
(City, town, or county) (State or foreign country)

14. Surname of mother Travis 4
15. Birthplace of mother England 4
(City, town, or county) (State or foreign country)

16. Informant Mrs Helen Staple
(a) Name of informant
(b) Address 1016 Chestnut Street

17. (a) Burial Burial (b) Date thereof 2-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn (Independence)

18. (a) Signature of funeral director Melody-McGilley
(b) Address Kansas City Missouri

19. (a) Feb 4, 1941 (b) M M Grome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Missouri 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1016 Chestnut Street
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 3
Year 1941 hour 6 minute 25 A.M.

21. I hereby certify that I attended the decedent from January 23
1941 to Feb 3 1941
that I last saw him alive on Feb 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal Disease
Duration 6 mo +

Due to 12/1
Due to 12/1
Other conditions 12/1
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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)
(e) Means of injury 9212
23. Signature H. H. H. H. H. (M. D. or other) 9212
Address 1103 Grand Date signed 2/3/41

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

48
3
8

2

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 267

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

Signed *J. H. Ryan*

Licensed Embalmer No. 2999

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 516

On this 24th day of March, 1942, before me appears.....

Mrs Helene Staple, who, upon her oath, states that the original record of ~~birth~~ death-

for Jack Staple ^{died} ~~born~~ February 3, 1941, in the State of

Missouri, and which was filed at Kansas City, Missouri 2-4- 1941, should be corrected as follows:

Item No. Wife's Age should read 63

Instead of 70

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Helene Staple self Relationship

1018 Chestnut St
Present Address.

Subscribed and sworn to before me this 24 day of March, 1942

My Commission expires My Commission Expires Jan. 15, 1946

Rose A. Markes Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

