

No. 2
-13-40
-17-39
K23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1941
FILED AUG 1 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24273
2812
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3229 Penn
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Miss Elizabeth M. Staples
(b) If veteran, name war XX (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 24, year 1941 hour 12 minute 50 P.M.
21. I hereby certify that I attended the deceased from July 20, 1941, to July 24, 1941, that I last saw her alive on 7-24-41 and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Sgl
7. Birth date of deceased October 20, 1888

Immediate cause of death: acute yellow atrophy of liver
Due to: cause unknown

8. AGE: Years 52 Months 9 Days 4

Other conditions: arthritis - chronic deforming

9. Birthplace Pleasant Hill Mo. 0
Usual occupation At Home

Major findings: Of operations: 125
Of autopsy: see above

11. Industry or business
12. Name Frank A. Staples
13. Birthplace Tilton N. H. 1
14. Maiden name Anne Agnes O'Connell
15. Birthplace Pleasant Hill Mo. 0

16. (a) Informant Helen Staples (b) Address 3229 Penn

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence

17. (a) Burial (b) Date thereof 7-28-41
(c) Place: burial or cremation Calvary Cemetery

(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.
19. (a) 7-26-41 (b) M. M. Crowe

23. Signature R. Clappery
Address 1103 Grand Date signed 7/24/41

361 (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 A. R. Haunschild

Licensed Embalmer No. 4159

P.O. Address N. C. Mo.

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, fact should be so stated above.