

FILLED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

30602

3359

Registration District No. 377

Primary Registration District No. 1002

Registrar's No.

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)  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community 15 Yrs. (Specify whether 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. 509 West 13th St.  
(If rural, give location)  
(e) Citizen of foreign country? J (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Edwin G. Stites

20. DATE OF DEATH: Month Sept. day 7th  
year 1941 hour 4 minute 40 P. M.

3. (b) If veteran, name war No 3. (c) Social Security No. 495-10-2116

21. I hereby certify that I attended the deceased from 9-6-41, 19   to 9-7-41, 19  ;  
that I last saw him alive on 9-7-41, 19  ;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lettie 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased Jan 13 (Month) (Day) (Year)

Immediate cause of death Acute pancreatic fat necrosis; Acute Hepatitis

8. AGE: Years 37 Months 7 Days 24 If less than one day hr. min.

Duration \_\_\_\_\_

9. Birthplace Topeka Kans. (City, town, or county) (State or foreign country)

Due to 178

10. Usual occupation Waiter

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER { 12. Name Herbert Stites

Due to \_\_\_\_\_

13. Birthplace No record (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_

14. Maiden name Jennie Porter (City, town, or county) (State or foreign country)

Major findings: Of operations 178

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

Of autopsy See above

16. (a) Informant Mrs. Lettie Stites

PHYSICIAN \_\_\_\_\_

(b) Address 509 W. 13th St

Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 9-10-41 (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(c) Place: burial or cremation Forest Hills

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(d) Signature of funeral director Quirk & Galin (e) Means of injury \_\_\_\_\_

(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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Signature Henry R. Thome (M. D. or other) \_\_\_\_\_

(g) Address Med. Dir. K.C. Gen. Hospital Date signed 9-8-41

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

**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 Harold V. Remig

Licensed Embalmer No. 4094

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, fact should be so stated above.**