

FILED DEC 18 1942

Registration District No. 199

Primary Registration District No. 1602

Registrar's No. 4519

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

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days
(Specify whether
In this community Over 25 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.: Convention Hotel, 327 W. 12th.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: George Stanley

3. (b) If veteran, name war: 3. (c) Social Security No. 499073198

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

6. (b) Name of husband or wife: Mrs. Jean Stanley 6. (c) Age of husband or wife if alive: unk years

7. Birth date of deceased: March 31 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 32 If less than one day hr. min.

9. Birthplace: San Francisco California
(City, town, or county) (State or foreign country)

10. Usual occupation: Plumber

11. Industry or business:

12. Name: Not Known
13. Birthplace: Not Known
(City, town, or county) (State or foreign country)
14. Maiden name: Not Known
15. Birthplace: Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Estella Stanley

(b) Address: N. C. mo.

17. (a) Burial (b) Date thereof: 12-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: J. F. O'Connell

(b) Address: 3256 Broadway

19. (a) 12-5-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd.
year 1942 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Nov 30
1942 to Dec 3 1942
that I last saw him alive on Dec 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Coritic aneurysm

Due to:

Due to: 30 D

Other conditions:
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy:

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?.....

(Specify type of place) (e) Means of injury.....

23. Signature: A. Morris (M. D. or other).....

Address: 420 Prof Bldg Date signed: 12-5-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Morris Ginsberg
Professional Bldg.
Victor 3737

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..... *Park G. Rowe*

Licensed Embalmer No. *2347*

P. O. Address..... *W. R. 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.