

FILED DEC 28 1942  
Registration District No. **149**

Primary Registration District No. **1002**

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: **309 Fairfield**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **15 yrs**  
years, months or days) (Specify whether)

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. **4126 Worledge**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Adolph B. Stark**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **Bell Stark** 6. (c) Age of husband or wife if alive **1861** years  
7. Birth date of deceased **June 14 1861**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **6** Days **0** If less than one day hr. min.

9. Birthplace **Wisc 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Miller**

11. Industry or business

12. Name **Xavier Stark**

13. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lucie Betzger**

15. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Herman Stark**

(b) Address **4126 Worledge**

17. (a) **Burial** (b) Date thereof **Dec. 16-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calmwood**

18. (a) Signature of funeral director **Wm. C. Foster**

(b) Address **918 Brooklyn**

19. (a) **12-15-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **14** year **1942** hour **4** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **7:00** to **11:14** 19**42** that I last saw him alive on **Dec 14** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Rt Lobar Pneumonia 24 hrs.**

Due to **468**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Cancer stomach**

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) (c) Means of injury

23. Signature **John P. Hordy** (M. D. or other)

Address **2105 Independence Ave** Date signed **Dec 14/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

---

**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 *Denzil E. Browning*.....

Licensed Embalmer No. *2729*.....

P. O. Address. *H. C. ...*.....

**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.**