

Registration District No. 149 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. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2715 Linwood (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Audrey Stockard
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18
year '43 hour 7 minute 40 P. M.
21. I hereby certify that I attended the deceased from Nov 16
1943, to Nov 18, 1943

4. Sex female 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Paul Stockard 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased October 26, 1904
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Toxalytic ileus from
intestinal obstruction

8. AGE: Years 38 Months 5 Days 22 If less than one day _____ hr. _____ min.

Due to abdominal adhesions 1 wk
Due to 12.25
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: stultulant obstruction
Of operations adhesions
Of autopsy see - cause of death

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business _____
12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Hospital Records
(b) Address St. Mary's Kansas City, Mo.
17. (a) Removal (b) Date thereof 3-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lawson Mo
18. (a) Signature of funeral director Clarence Richard
(b) Address Excelsior Springs, Mo.
19. (a) 3-19-43 (b) H. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) _____ (e) Means of injury _____
23. Signature H. M. Crowe (M. D. or other)
Address 1022 Aggle 13th Date signed 3-19-43

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

MOTHER FATHER

AUG 11 1948

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:

Robert Kay

Licensed Embalmer No.

4152

P. O. Address

Excelsior Spgs., 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.