S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13441

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 1716

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: Trinity Lutheran Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 hrs. 25 min. (Specify whether years, months or days)
In this community: 6 hrs - 25 min

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson 9
(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 2656 East 8th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): J
If yes, name country:

3. (a) PRINT FULL NAME: Infant Stock
3. (b) If veteran, name war: XXXXXXX
3. (c) Social Security No.: XXXXX
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 24 (Day) 1943 (Year)
8. AGE: Years | Months | Days | If less than one day: 6 hr. 25 min.
9. Birthplace: Kansas City (City, town, or county) Missouri O (State or foreign country)
10. Usual occupation: none
11. Industry or business:
FATHER 12. Name: Lloyd Stock
FATHER 13. Birthplace: Strasburg (City, town, or county) Missouri O (State or foreign country)
MOTHER 14. Maiden name: Norma Timm
MOTHER 15. Birthplace: Kansas City (City, town, or county) Kansas I (State or foreign country)
16. (a) Informant: Louis Timm
(b) Address: 4408 Cambridge
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hill Cem. K.C.K
18. (a) Signature of funeral director: Gates Funeral Home
(b) Address: Kansas City, Missouri
19. (a) 4/10/43 (Date received local registrar) (b) M. M. Conn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 24 year: 1943 hour: 2 minute: 55 P.M.
21. I hereby certify that I attended the deceased from March 24 1943 to March 24 1943 that I last saw him alive on March 24 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity - 6 months	
Due to: 159	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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)
While at work? (e) Means of injury:
23. Signature: Eugene H. Ferguson (M. D. or other)
Address: 933 Prof. Bldg. K.C. Mo. Date signed:

(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.....

Licensed Embalmer No.....

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.