

FILED MAY 25 1943
Registration District No. 280

Primary Registration District No. 4423

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

1. PLACE OF DEATH:
 (a) County Platte
 (b) City or town Weston
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
 In this community entire life
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte
 (c) City or town Weston
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Percy Cleveland Stultz
 (b) If veteran, name war World War 1
 (c) Social Security No. 489-22-5479

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 4
 year 1943 hour 5 minute 30 A. M.
 21. I hereby certify that I attended the deceased from January
25, 1943, to May 4, 1943;
 that I last saw him alive on May 3, 1943;
 and that death occurred on the date and hour stated above.

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Margaret Hill
 (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased April 2 1890
 (Month) (Day) (Year)
 8. AGE: 53 Years 1 Months 2 Days
 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary occlusion
(Electrocardiographic tracing
was that of typical
coronary disease)
 Due to Undetermined
 Other conditions XXXXXX
 (Include pregnancy within 3 months of death)

9. Birthplace Weston Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Principal Property & Supply Clerk
 11. Industry or business _____
 12. Name John William Stultz
 13. Birthplace Weston Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Ada Mae Bookner
 15. Birthplace Hanover Germany
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations XXXXXXXXXX
 Of autopsy No autopsy

16. (a) Informant Mrs. Percy Stultz
 (b) Address Weston, Missouri
 17. (a) Burial (b) Date thereof May 6, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Laural Hill Cem.
 18. (a) Signature of funeral director W. R. Vaughn
 (b) Address Weston, Missouri
 19. (a) 5-5-43 (b) Mrs. Clay Biffle
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) XXXX
 (b) Date of occurrence XXXX
 (c) Where did injury occur? XXXX
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
XXXX
 While at work XX (Specify type of place) (c) Means of injury _____
 23. Signature Lewis C. Calver (M. D. or other)
 Address Weston, Mo. Date signed May 5-1943

Duration 7 Mo
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

1209

MAY 25 1945

JUN 8 1945

MAY 27 1945

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 W. R. Vaughn
Licensed Embalmer No. 4023
P. O. Address Weston, 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.