

FILED DEC 22 1943

Registration District No. **149**

Primary Registration District No. **1002**

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: **St. Luke's Hospital, 0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)

In this community **14 years**

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. **4019 Main Street**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Charles P. Stanley**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **28th**
year **1943** hour **.....** minute **P.** M.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Melina Parker Stanley**

6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **April 27 1878**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 24** 19**43** to **Nov. 28** 19**43**
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Peritonitis** Duration

8. AGE:

Years	Months	Days	If less than one day
65	7	1 hr. min.

Due to **ruptured diverticulum**

Due to **12311**

Other conditions (include pregnancy within 3 months of death)

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

10. Usual occupation **Instructor**

11. Industry or business **Pratt-Whitney Construction**

12. Name **Milton Stanley**

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

14. Maiden name **Unknown**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

Co. **.....**

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Jeanette McEvry**

(b) Address **3310 Broadway, Kansas City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-30-43** (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gilham Plaza, K. C., Mo.**

19. (a) **11-30-43** (Date received local registrar) (b) **P. E. Brown** (Registrar's signature)

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) (e) Means of injury.....

23. Signature **P. L. Selmer** (M. D. or other) **M. D.**

Address **Phys. Bldg** Date signed **11-29-43**

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

MOTHER FATHER

Dr. Larry Engel

*Plaza Medical Building
Rt 1617*

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.