S. No. 2
OM—2-43
v. 5-17-39
-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6337

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 713

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: 918 Oak St - 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County Pittsburg 999

(c) City or town Chandler City 34 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Richard Stalker

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

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, ~~widowed~~, married, divorced 1

6. (b) Name of husband or wife Mrs Anna Stalker

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb (Month) 18 (Day) 1876 (Year)

8. AGE: Years 67 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Fort Scott (City, town, or county) Kas 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert Stalker
13. Birthplace Glascow (City, town, or county) Scotland 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Stadder
15. Birthplace Newark (City, town, or county) Ohio - 1 (State or foreign country)

16. (a) Informant Mrs Anna Stalker

(b) Address Chandler Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-16-44 (Month) (Day) (Year)

(c) Place: burial or cremation Chandler Okla

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd St

19. (a) 2-13-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 13 year 1944 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Feb 4, 1944, to Feb. 13, 1944 that I last saw him alive on 2-13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilation of the heart

Due to Myocardial degeneration

Due to Thyrotoxicosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Hypertrophy of prostate

Of autopsy myocardial degeneration

Duration

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

22. If death was due to external causes, fill in the following: 63 b

(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 G. M. Jeanniss (M. D. or other)

Address 218 Oak Kan City Mo Date signed 2-13-44

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(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 Ernest Freeman

Licensed Embalmer No. 481

P. O. Address 104 W. 42nd St. KCM

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.