No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7374

State File No.

Registration District No. 147 | Primary Registration District No. 5569 | Registrar's No. 154

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Brookside (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 78th St. + 50 Hi Way (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 70 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 78th Hi Way 50 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Ida Louise Stuessi

3. (b) If veteran, name war — 3. (c) Social Security No.

4. Sex Fe | 5. Color or race W. | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife J. Wesley Stuessi | 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 8-7-1873 (Month) (Day) (Year)

8. AGE: Years 70 | Months 5 | Days 12 | If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Fred L. Funk
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) (State or foreign country) 9

16. (a) Informant Frank H. Stuessi

(b) Address 78th + Hi Way 50

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director [illegible]

(b) Address [illegible]

19. (a) Jan 21 44 (Date received local registrar) (b) Mrs A. E. Garvin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1944 hour Bedroom minute M.

21. I hereby certify that I attended the deceased from 9-12-, 1943 to 1-19-, 1944; that I last saw her alive on 1-15-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration years.

Due to Interstitial Nephritis & Arterial Sclerosis.

Due to Hypertension - BP. 236/128

Other conditions (Include pregnancy within 6 months of death) Pt. fell 7/12/43 while

Major findings: Of operations: Fairing from chair & fractured neck of

Of autopsy: R. femur.

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 Sept 12-1943

(c) Where did injury occur? At Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In living room (Specify type of place)

While at work? No (e) Means of injury Stroke

23. Signature Corcangas (M.D. or other) 2

Address Raytown, Mo. Date signed 1/31/44

1101

(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. 3135

P. O. Address..... Kansas City, Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 147 Primary Registration District No. 5569 Registrar's No. 154

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town BROOKING RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Ida Louise Stuessi

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, divorced W

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 18 (Day) 1874 (Year)

8. AGE: Years 70 Months 5 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 19; to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

7374