. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

30323

State File No.

FILED SEP 26 1944

Registration District No. 999

Primary Registration District No. 1002

Registrar's No. 3728

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

(d) Length of stay: In hospital or institution Since August 4th (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 42

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

(d) Street No. 6019 Tracy
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Harry J. Stampfle

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

3. (c) Social Security No. 486-05-1520

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Grace M. Stampfle

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

7. Birth date of deceased July (Month) 24 (Day) 1885 (Year)

8. AGE: Years 59 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Mgr. Band Orchestra Music Dept.

11. Industry or business Jenkins Music Company

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

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

16. (a) Informant Mrs. Grace M. Stampfle
(b) Address 6019 Tracy, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-14-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11th year 1944 hour 6:20' minute P. M.

21. I hereby certify that I attended the deceased from Aug. 4, 1944, to Sept. 11, 1944 that I last saw him alive on Sept. 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Coronary Telepsis & Occlusion

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

Of autopsy

Duration

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 H. P. Boighan M.D. (M.D. or other)

Address K. C. 2 Mo. Date signed 9/13/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Boughnou
313 Alexander Rd.

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 S. J. Allen

Licensed Embalmer No. 1415

P. O. Address K. C. Missouri

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.