U. S. No. 2
10M—2-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5344

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 803

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether years, months or days)
In this community 50 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. 440 W. 15 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Stout
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Ma
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Virginia Stout
6. (c) Age of husband or wife if alive xx years
7. Birth date of deceased November (Month) 17 (Day) 1861 (Year)

8. AGE: Years 83 Months 2 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) W. Virginia (State or foreign country)
10. Usual occupation Retired Laundry Operator
11. Industry or business
FATHER 12. Name No Record
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name No Record
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Walter M. Stout
(b) Address 417 S.W. Blvd KCK
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.
19. (a) 2-17-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1945 hour 5 minute 10 P. M.
21. I hereby certify that I attended the deceased from January 23, 1945 to February 14, 1945 that I last saw him alive on February 14, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral vascular accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

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 Clark W. Seeley M.D. (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 2-19-45

(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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, M

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.