V. S. No. 2
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ev. 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 19 1945

Registration District No. 1449

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8779

Registrar's No. 1024

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: 3200 Norlage K.C. Conv. Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 wks (Specify whether

In this community 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. 1314 Campbell St. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Stella Roper

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July (Month) 11 (Day) 1874 (Year)

8. AGE: Years 70 Months 7 Days 21 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

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

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

16. (a) Informant Mrs Bon Durant

(b) Address 500 E 44

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5-45 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Carroll-Davidson

(b) Address 3024 Troost ave

19. (a) 3-3-45 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1945 hour 9.45 minute P M.

21. I hereby certify that I attended the deceased from 2-6-45, 19, to 3-2-45, 19; that I last saw her alive on 3-2-45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	

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 J. Lamminiana (M. D. or other) 0

Address 3200 Norlage Date signed 3-3-45

34 (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 Kathryn E. Davidson

Licensed Embalmer No. 3648

P. O. Address Kansas City Mo

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.