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-5-17-39
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FILED JUL 2 1946

2729

Registration District No. 197

Primary Registration District No. 1002

Registrar's No.

2729

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:
3037 Fairmount /
(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) 66 Years

3. (a) PRINT FULL NAME Albert Lyle Stout

3. (b) If veteran, name war No 3. (c) Social Security No. 500-03-8075

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Sula Belle 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 2, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 15 hr. min.

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

10. Usual occupation Retired Landscaper

11. Industry or business _____

12. Name Ben Stout

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

14. Maiden name Lula Thompson

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Stout

(b) Address 3037 Fairmount

17. (a) Burial (Burial, cremation, or removal) Mt. Washington Cem. (b) Date thereof 6/19-46
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd, K.C.K.

19. (a) 6-19-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3
(d) Street No. 3037 Fairmount
(If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1946 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from Feb.
29, 1946, to June 17, 1946
that I last saw him alive on June 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration + Cardiac decompensation
Due to _____ Duration 6 mo.

Due to _____
Other conditions: _____
(include pregnancy within 3 months of death) 93d

Major findings: _____
Of operations: _____
Of autopsy: _____
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? _____

23. Signature Dr. E. J. Bird (a) For other _____
Address 1313 Westpat Rd. Date signed 6-17-46

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

MOTHER FATHER

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

Stacia Blanford
.....
Licensed Embalmer No. *4015*

P. O. Address *41 + State Line*

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.