

FILED SEP 14 1946

Registration District No. _____

Primary Registration District No. 1002

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:
300 Benton Blvd. 4 Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months
(Specify whether
In this community 17 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town North K.C. Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # 4. 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ellen Stockton

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Simon M. Stockton
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 3 23 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 5 8 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Chectham

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. O.L. Stockton

(b) Address R.R. # 4 North K.C. Mo.

17. (a) Removal (b) Date thereof 9-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stillwell, Oklahoma

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City Missouri

19. (a) 9-1-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st.
year 1946 hour 7 minute 07 PM.

21. I hereby certify that I attended the deceased from Aug 31
1945 to Aug 31 1946
that I last saw her alive on July 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
1) Chronic Myocarditis
2) Advanced Arteriosclerosis

Duration
<u>?</u>
<u>?</u>

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93-2
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address North K.C. Mo. Date signed 9-1-46

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

26222

No 4220

2024 Fayette

No 3613

*8-30
P. O. Address*

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.....

P. O. Address.....

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.