

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36871

FILED APR 23 1947

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1677

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

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days  
(Specify whether 44 years)

In this community 44 years  
(years, months or days)

3. (a) PRINT FULL NAME Daniel Stanley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rosa Stanley

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 11 26 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>15</u>	<u>hr. min.</u>

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

10. Usual occupation Cement Finisher

11. Industry or business

MOTHER FATHER {

12. Name Stanley

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

14. Maiden name No Record

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

16. (a) Informant Mrs. Harry P. Hunter

(b) Address 1619 Baltimore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City Missouri

19. (a) 4-12-47 (Date received local registrar)

(b) Geraldine Holms (Registrar's signature)

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. 512 Woodland  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1947 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 2, 1947 to April 11, 1947  
that I last saw him alive on April 11, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Benign prostatic hypertrophy

Due to

Other conditions 137a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy None

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 Wm W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 4-12-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Dr. King*

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**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..... *Dean Owens* .....  
Licensed Embalmer No. *4280* .....  
P. O. Address..... *9181 Brooklyn* .....  
*K. C., 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.**