

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

FILED APR 28 1947  
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1697**

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: **Kansas City General Hosp. # 1** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 hours**  
(Specify whether

In this community **16 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Blue Valley Project** **8**  
(If rural, give location) **0**

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

If yes, name country **X**

3. (a) PRINT FULL NAME **JOSEPH STIMACH**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **Unknown**

4. Sex **Male** **0** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced** **3**

6. (b) Name of husband or wife **X unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 9 1882**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>64</b>	<b>6</b>	<b>4</b>	_____ hr. _____ min. <b>4</b>

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

10. Usual occupation **Baker**

11. Industry or business **Sunshine Biscuit Co.**

12. Name **Unknown** **7**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Roy Stimach**

(b) Address **Unit 22 B. Blue Valley Project**

17. (a) **Burial** (b) Date thereof **April 15, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Willie Funeral Home**

(b) Address **2315 Linwood K. C. 3 Mo.**

19. (a) **4-14-47** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13th**  
year **1947** hour **1** minute **55** M.

21. I hereby certify that I attended the deceased from **April 12th** 19 **47** to **April 13** 19 **47**

that I last saw h. **im** alive on **April 13** 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lung abscess**  
**Terminal Broncho Pneumonia**

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **107**  
: Of operations \_\_\_\_\_

Of autopsy **See above**

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? **0**

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. Hosp. #1** Date signed **4-14-47**

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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 Chas E. Welles

Licensed Embalmer No. 2644

P. O. Address R. 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.**