

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17635

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2239

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:  
709 Washington 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 6 Weeks  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City Mo 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 1209 Penn. 8  
(If rural, give location)

(e) Citizen of foreign country? no 8  
(Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Fredick Karl Stelter

3. (b) If veteran, name war None

3. (c) Social Security Do not know

20. DATE OF DEATH: Month May day 19  
year 1947 hour 4 minute 45 AM

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased April 1873  
(Month) (Day) (Year)

Immediate cause of death Coronary Sclerosis

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

8. AGE: Years 74 Months 1 Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions Deputy Coroner

(Include pregnancy within 3 months of death)

Major findings: 932

Of operations \_\_\_\_\_

Of autopsy History & inspection

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

10. Usual occupation Stone Cuter

11. Industry or business \_\_\_\_\_

12. Name Karl Stelter

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Witt

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Coroner's Office

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 5/21/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill K.C.K.

18. (a) Signature of funeral director Passantino Bros

(b) Address Kansas City Mo

19. (a) 5-21-47 (b) Margeline Holmes  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. E. Upsher (M. D. or other) MD  
Address 2800 Main Date signed 5/22/47

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

MOTHER FATHER

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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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. Ind

**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.**