

No. 2
1-5-43
5-17-39
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FILED NOV 4 1947/49

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4392

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether In this community 25 years years, months or days)

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. 3727 Summit
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT MRS. IRENE STOCKBERGER
FULL NAME

3. (b) If veteran, name war XX

3. (c) Social Security No. None

4. Sex Fe / 5. Color or race Wh

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

6. (b) Name of husband or wife Lamar A. Stockberger

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased October 4 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48'</u>	<u>0</u>	<u>15</u>	hr. min.

9. Birthplace Cole Camp Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Claus P. Mahnken

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

14. Maiden name Margaret Stuhrman

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

16. (a) Informant Mr. Lamar A. Stockberger

(b) Address 3727 Summit

17. (a) Burial (b) Date thereof 10-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cole Camp, Mo.

18. (a) Signature of funeral director J. Wagner

(b) Address Kansas City, Mo.

19. (a) 10-20-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th
year 1947 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from Oct 19/47
to Oct 18/47, 1947

that I last saw her alive on Oct 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Parasitosis of cervix
Duration 32 Mo.

Due to _____

Due to _____

Other conditions 480
(Include pregnancy within 3 months of death)

Major findings: 480

Of operations _____

Of autopsy _____

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) (Means of injury)

23. Signature J. H. ... M. D. or Dentist
Address Kansas City, Mo.

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

MOTHER FATHER

Original
P1-6330

until 4 P.M.

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 Alvin R. Hauschild

Licensed Embalmer No. 4159

P. O. Address. Kansas City 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.