

FILED DEC 15 1947

State File No. _____

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 5126

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution since 10-29-47
(Specify whether years, months or days)
 In this community 12 years

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. 143 So. Lawn
(If rural, give location)
 (e) Citizen of foreign country? NO
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME David Wesley Studebaker

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Elizabeth Studebaker 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased December 8 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Stephen Studebaker

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

14. Maiden name Susan Deitrick

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

16. (a) Informant Mrs. Grace Reed
 (b) Address 143 So. Lawn, Kansas City, Mo.

17. (a) removal (b) Date thereof 12-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas
Stim & McClure

18. (a) Signature of funeral director _____
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-5-47 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
 year 1947 hour 5:02 minute 5 M.

21. I hereby certify that I attended the deceased from Oct. 27
21 1947 to Dec. 5 1947
 that I last saw him alive on Dec. 4 (6 P.M.) 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (hypostatic) Duration _____

Due to Thrombo embolism of the lungs (Pt. Reg.)

Due to Acute Myocardial Infarction (2nd Branch from frontolateral)
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 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) no
 (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? no

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

23. Signature [Signature] Date signed 12-5-47
 Address 1115 [Address]

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

Dr. B. L. Myers

*Check with Pa. Dept.
413425
1230*

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 *[Signature]*.....

Licensed Embalmer No. *4174*.....

P. O. Address *A. C. Jones*.....

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.