

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1341**

FILED JAN 20 1948  
149

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

Registrar's No. **128**

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. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 DAYS**  
(Specify whether  
In this community **46 YRS.**  
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. **1706 E. 18TH ST.**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ALVIN STAPLETON**

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

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **SINGLE**

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

7. Birth date of deceased. **JULY 16, 1900**  
(Month) (Day) (Year)

8. AGE: Years **47** Months **5** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **KANSAS CITY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

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

12. Name **MARION STAPLETON**

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

14. Maiden name **MARTHA WILKES**

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

16. (a) Informant **ARTHUR STAPLETON (BROTHER)**

(b) Address **1903 E. 18TH ST.**

17. (a) **Burial** (b) Date thereof **1/9/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address **1739 Lydia Ave**

19. (a) **1-9-48** (b) **Steadline Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **5**,  
year **1948** hour **3:** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **JANUARY 3,** 19**48** to **JANUARY 5,** 19**48**  
that I last saw him **IM** alive on **JANUARY 5,** 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **TOXEMIA SECONDARY TO URINARY EXTRAVASATION: ACUTE CYSTITIS: UREMIA**

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy: **SAME AS ABOVE**

Duration

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 **[Signature]** (M. D. or other) **M.D.**  
Address **GENERAL HOSPITAL NO. 2** Date signed **1/6/48**

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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. Jerome Maulana*  
Licensed Embalmer No. *3494*  
P. O. Address *2503 Highland*

**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.**