

No. 300  
M-10-47  
7-5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **112902**  
Registrar's No. **1550**

Registration District No. **149**

Primary Registration District No. **1002**

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:  
**St Mary's Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 Days**  
(Specify whether years, months or days)

In this community **70 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **AUGUST C STADLER**

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

3. (c) Social Security No. **None**

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

6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Mary Stadler**

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

7. Birth date of deceased **Aug 1 1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**74 8 5** hr. min.

9. Birthplace **Jackson County, Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Bureau of Animal Husbandry**

11. Industry or business **U. S. Government**

MOTHER FATHER

12. Name **Stephen Stadler**

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

14. Maiden name **Mary Schraumm**

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

16. (a) Informant **Mrs Carl Brandmeier**

(b) Address **2617 West 49th Terr--K. C. Kansas**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **4/9/48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Shawnee, Kansas**

18. (a) Signature of funeral director **Zurk, Robin**

(b) Address **20 West Linwood**

19. (a) **4-8-48** (Date received local registrar)

**Geraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Missouri~~ **KANS.** (b) County **Johnson** **999**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL") **14**

(d) Street No. **2617 West 49th Terr**  
(If rural, give location) **0**

(e) Citizen of foreign country? **no** (Yes or No) **2**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6th** day **April**  
year **1948** hour **2:00** minute **P** M.

21. I hereby certify that I attended the deceased from **3/21/48**  
**4/6/48** 19\_\_\_\_ to 19\_\_\_\_  
that I last saw him alive on **4/6/48** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Renovascular Nephritis**

Due to **Multiple Sclerosis**

Due to **Perforated Duodenal Ulcer**

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

Major findings:  
Of operations **1178**

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)

(e) Means of injury **0**

23. Signature **[Signature]** (M. D. or other)

Address **1401 S. W. Blvd** Date signed **4/7/48**

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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..... *Howard W. Farmer* .....

Licensed Embalmer No. *4134* .....

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.**