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

FILED NOV 4 1948

State File No. ....

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 4135

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:  
Osteopathis Hospital, 11th & Harrison  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 0  
(Specify whether years, months or days)

In this community 56 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 1027 Fuller  
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME STAGG, Mrs. Mabel Louise

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8  
year 1948 hour 5 : 05 minute P M.

4. Sex Fem / 5. Color or race Wh

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife Edward Silas Stagg

6. (c) Age of husband or wife if alive 3 years 3 (Day) 1890 (Year)

7. Birth date of deceased 3 (Month) 3 (Day) 1890 (Year)

21. I hereby certify that I attended the deceased from Oct 7, 1947, to Oct 8, 1948:  
and that death occurred on the date and hour stated above. Oct 8, 1948

that I last saw h. er alive on Oct 8, 1948, 1948:

8. AGE: Years 58 Months 7 Days 5  
If less than one day hr. min.

Immediate cause of death Myocardial Failure and accompanying Renal failure with (Nephrosclerosis) E. Anulara Duration 6 yr

Due to Essential Hypertension with Diffuse Myocardial Fibrosis About 10 yrs

Due to .....

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

10. Usual occupation Housewife

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business --

12. Name Thomas Laughton Swigert 1

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

14. Maiden name Alice Gibney

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

Major findings: Of operations 61

Of autopsy .....

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Thelma Stagg

(b) Address 1027 Fuller Kansas City Mo

17. (a) Burial (b) Date thereof 10/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem, Indep. Mo

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 10-11-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? 2 (Specify type of place) (c) Means of injury

23. Signature Vance R. Kelsey (M. D. or other) D.O.  
Address 2105 Independence Blvd Date signed 10/10/48

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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.....

*John P. Steid*

Licensed Embalmer No. *3625*

P. O. Address. *K. G. Ho.*

**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.**