

REC'D APR 17 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9686  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson 7 Registration District No. 390  
(b) Township Law Primary Registration District No. 1002 Registered No. 1292  
(c) City Kansas City Mo (d) Street No. 3548 Indiana St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Ametta Elizabeth Stout  
(a) Residence, No. 3548 Indiana St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Stout  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8/1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 90 20  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME James V. Stafford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Susan Black16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Dr. John R. Lewis  
3546 Indiana18. BURIAL, CREMATION, OR REMOVAL PLACE Baswell m DATE 3/24 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine-McClure  
Kansas City Mo20. FILED 3-24 1939 M.M. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23<sup>rd</sup> 193922. I HEREBY CERTIFY, That I attended deceased from 3/28, 1939 to March 23, 1939I last saw him alive on March 23, 1939 Death is said to have occurred on the date stated above, at 1:05 p.m.

The principal cause of death and related causes of importance were as follows:

Acute dilation of heart & myocardial failure  
131  
Date of onset 3/22/39

Other contributory causes of importance:

Seriously - arteriosclerosis  
Ch. Intestinal hepatitis  
Ch. Ulcerative colitis

Name of operation none Date ofWhat test confirmed diagnosis clin & lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?  Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) D. DeGard(Address) 4800 E 24th St

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**