

RECD JUN 8 1939

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

17717
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 3125 Perry Registered No. 2119
 (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 Charles E. STACY.

(a) Residence, No. 3125 Perry 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Lee Stacy.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown Sept. 4, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Appr. 63 (63) 7 10

OCCUPATION 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. Unknown
 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) Unknown 9

FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Dyer. El Paso Texas.

18. BURIAL, CREMATION, OR REMOVAL PLACE El Paso Texas DATE 5/20/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melody McGilley. K. G. Ho.

20. FILED May 21, 1939 M. G. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14-39 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner to 10:58 a.m. 19

I last saw the deceased live Death is said to have occurred on the date stated above, at 10:58 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary arteriosclerosis
Old coronary occlusion
Chronic myocardial infarction
 Other contributory causes of importance:
Acute myocardial dilatation
Mural thrombus
 Name of operation 94 hr Date of 1939
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ? Date of injury 19
 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?
 If so, specify ?
 (Signed) W. H. Butler M. D.
 (Address) San Hosp; K. G. Ho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.