

JAN 13 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42545  
Registrar's No. 4954

Registration District No. 399

Primary Registration District No. 1002

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: K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Charles Stifler 314

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Rowena Stifler 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Feb. 21 1876  
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 8 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Broom maker

11. Industry or business Broom mfg. 9

MOTHER FATHER { 12. Name Wm Stifler

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

14. Maiden name Isbell James

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature P. H. Stifler

(b) Address Independence Kansas

17. (a) Buried (b) Date thereof Jan 2 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Parson's Bros.

(b) Address 15 C 2nd

19. (a) Dec. 31, 1939 M. M. Browne  
(Date received local registrar) (Registrar's signature)

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. 508 Independence Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th  
1939 year hour 8 minute 00 A.M. M.

21. I hereby certify that I attended the deceased from 12-26-39  
\_\_\_\_\_, 19\_\_\_\_, to 12-29-39, 19\_\_\_\_;

that I last saw h im alive on 12-29-39, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Acute pharyngo laryngitis with  
ulceration; suppurative cellulitis  
of neck

Due to \_\_\_\_\_ 1072

Other conditions Hypostatic bronchopneumonia; Cause  
(Include pregnancy within 3 months of death)  
Acute glomerular nephritis.

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

Of autopsy See above  
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 Dr. J. M. Brown (M. D. or other) \_\_\_\_\_

Address Sup't. Gen. Hospital, D. C. No. 12-29-39

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.

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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.**