

Registration District No. 291

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County 1003
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number, or location)
(d) Length of stay: In hospital or institution 12/9/39 to date
(Specify whether
In this community As above
years, months or days)

8. (a) PRINT FULL NAME Walter Scott Stirling

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Zula E. 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 7 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Truckman, Mo. Pac. R. R. Co.

11. Industry or business Mo. Pac. R. R. Co.

MOTHER FATHER
12. Name George Stirling
13. Birthplace Littleton, N. H.
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Lerche
15. Birthplace Hanover, Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Zula E. Stirling
(b) Address 222 W. Murdock Av. Witchita, Kans

17. (a) Removal (b) Date thereof 1/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Witchita, Kans

18. (a) Signature of funeral director [Signature]
(b) Address Clayton Rd. at Concordia Lane

19. (a) JAN 18 1940
(Date) (Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Sedgewick
(c) City or town Witchita,
(If outside city or town limits, write "RURAL") N/R
(d) Street No. 222 W. Murdock St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1940 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from December 9, 1939, to Jan 18, 1940;
that I last saw him alive on Jan 18
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure
Duration 6 mos.

Due to Cerebral nervous System Les. UNKNOWN

Due to _____
Other conditions Uremia
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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 Walter Thompson (M. D. or other) _____
Address Missouri Pac Hosp. Date signed 1-18-40

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

FORM 3-17-39 Rev. 5-17-39 U. S. G. P. 1 X 19311

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.

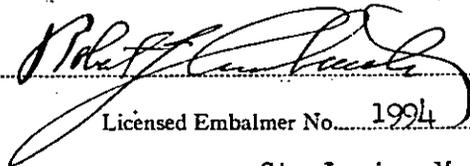
STATEMENT BY LICENSED EMBALMER

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. 1994.....

P. O. Address St. Louis, 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, above space should be left blank.