

MAY 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
2025 Park Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 16 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
Kansas City  
 (c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2025 Park  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Rosa Lee Troup Stapleton 314

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Earl Stapleton 6. (c) Age of husband or wife if alive 49 years  
 7. Birth date of deceased March 14 1902  
(Month) (Day) (Year)

8. AGE: Years 38 Months 1 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Jerry Rushing  
 { 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Amanda Rhodes  
 { 15. Birthplace La.  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Harris  
 (b) Address 2415 Tracy, Apt. C.1

17. (a) burial (b) Date thereof 4/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.  
 (b) Address 1729 Lydia

19. (a) April 30, 1940 M. M. Browne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
 year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb-6  
 \_\_\_\_\_, 1940, to April 11, 1940

that I last saw her alive on April 11, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_

Due to 940

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN

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 3

23. Signature D. Raymond Lawrence (M.D. or other) D.O.  
 Address 615 Lee Bldg. Date signed 4-26-40

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

**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 *Isaac Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *1120 E 123rd St*

**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.**