

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2265

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. Gen. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Arza B. Stockwell 324

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

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

6. (b) Name of husband or wife Alice Stockwell 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 3, 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 28 If less than one day
hr. min.

9. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Employee of Richard and Conover Hardware Co.

11. Industry or business and Conover Hardware Co.

MOTHER FATHER { 12. Name James M. Stockwell

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

14. Maiden name Mary E. Bisbee

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant H. W. Stockwell

(b) Address 614 West 35th St.

17. (a) Burial (b) Date thereof 6-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada, Missouri

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) June 2, 1940 (b) M. M. Crane
(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. 2026 Kensington
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1940 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 29th, 1940 to May 31st, 1940;

that I last saw him alive on May 31st 1940, 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Branchopneumonia

Due to GBA

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

23. Signature Dr. D. M. ... (M. D. or other)

Address Supt. K. C. Gen. Hospital, K. C. Mo. Date signed

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K. C. 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.