

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

21217  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Buchanan County <sup>3</sup> Registration District No. 85  
 (b) Township St. Joseph <sup>6</sup> Primary Registration District No. 1001 Registered No. 652  
 (c) City Missouri (d) Street No. State Hospital Number Two St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. 2 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Florence Stout

(a) Residence, No. 1225 Holmes St. Kansas City, Missouri  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Stout

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) xxx 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME Enoch Welker

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

MOTHER 15. MAIDEN NAME Lueise Weibel

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

17. INFORMANT Records of State Hospital (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE June 13, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. J. Foster  
918 Broadway, N.E.M.

20. FILED 6/14/40 19 St. Joseph, Mo. Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1940, to June 13, 1940

I last saw her alive on June 13, 1940. Death is said to have occurred on the date stated above, at 2:45 pm.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease.

Other contributory causes of importance:

Bronchopneumonia Date of onset 6th of June

Name of operation..... Date of.....  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no  
 If so, specify.....

(Signed) Sam Nellen M. D.  
 (Address) State Hospital No. 3, St. Joseph, Mo.

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 *Denzil Browning*

Licensed Embalmer No. *27249*

P. O. Address *Kansas City, 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.**