

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:  
**3216 Tracy Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **38 Years** (Specify whether years, months or days)  
In this community **38 Years**

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. **3216 Tracy Avenue** (If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Mrs. Mary E. Stumbaugh** **35**

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

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

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **Dec. 1, 1860**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **7** Days **13** If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Ruben Bomberger**

18. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Matier**

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

16. (a) Informant **Mrs. G. G. Burkholder**

(b) Address **3216 Tracy Avenue**

17. (a) **Burial** (b) Date thereof **7-17-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **July 16, 1940** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14**  
year **1940** hour **9:05** minute **A** M.

21. I hereby certify that I attended the deceased from **during** 19**35** to **July 17**, 19**40**  
that I last saw **her** alive on **July 17**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Thrombosis** Duration **2 weeks**

Due to **Endocarditis (chronic) & myocardial degeneration** **6 mos**

Due to **Hypertension** **10 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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 **G. G. Burkholder** (M. D. or other)

Address **3346 Summit K.C. MO** Date signed **7/16/40**

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

MOTHER FATHER

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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 Elmer C. Wedelini

Licensed Embalmer No. 3495-

P. O. Address Kansas City

**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.**