No. 2
11-10-39
5-17-39
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FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24908

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 104

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 334 High Bluff. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home (Specify whether)

In this community 41 yr. (years, months or days) 3211

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town Excelsior Springs (If outside city or town limits write "RURAL")

(d) Street No. 334 High Bluff. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME EDWIN G. STACK

3. (b) If veteran, name war No.

3. (c) Social Security No. 487-16-9882

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Kazar Stack

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Nov (Month) 6 (Day) 1877 (Year)

8. AGE: Years 62 Months 7 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business "

FATHER
12. Name Jerry Stack
13. Birthplace So Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mislie E. Whollf
15. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant P C Stack

(b) Address Excelsior Springs

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Herbert Hop

(b) Address Excelsior Springs Mo

19. (a) July 12 40 (Date received local registrar) (b) Mrs Rla McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11th year 1940 hour 12 noon minute ____ M.

21. I hereby certify that I attended the deceased from 6-29-40 ____, 19__, to 7-4 ____, 1940; that I last saw h____ alive on 6-29 ____, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Ptomain Ptomain

Due to Poisonous food

Due to

Other conditions Bronchial system (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration: 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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? 180 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature [illegible] (M. D. or other) M.D.

Address 108 Broadway Excelsior Spgs Mo. Date signed 7-5-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-8-40

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 Scott W. Hockensmith, Registered Apprentice No. working under my personal supervision.

Signed Scott W. Hockensm

Licensed Embalmer No. 3597

P. O. Address Excelsior Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.