

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:
K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Mo. & 6 days**
(Specify whether
In this community **30 Years**
years, months or days)

FILED DEC 31 1940

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. **2830 Harrison 6 3rd Floor South**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **6th**
year **1940** hour **10** minute **00** A.M. M.
21. I hereby certify that I attended the deceased from
9-30-40, 19**40**, to **11-6-40**, 19**40**;
that I last saw h. **im** alive on **11-6-40**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death
**SYPHILIS OF CENTRAL NERVOUS SYSTEM,
PARESIS GENERAL.**

Due to.....
Due to..... **\$3**
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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) Means of injury **1**
23. Signature **Dr. R. Thon** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** Date signed.....

3. (a) PRINT FULL NAME

GLENN WALTER STEMM

3. (b) If veteran **SS 48716-6420** name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Catherine Stemm** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **December 1 1899**
(Month) (Day) (Year)

8. AGE: Years **50** Months **11** Days **5** If less than one day hr. min.

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

10. Usual occupation **Cattle Trader**

11. Industry or business **-----**

MOTHER FATHER { 12. Name **M. Judson Stemm**
13. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)
14. Maiden name **Elida Morgan**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Catherine Stemm**
(b) Address **2848 Harrison**

17. (a) **Burial** (b) Date thereof **Nov. 8, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **D. A. McCombs Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **11-7-40** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

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 Emile M. Carlson

Licensed Embalmer No. 3506

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.