

Registration District No. 85 Primary Registration District No. 1001

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: St. Josephs Hosp.  
(d) Length of stay: In hospital or institution 7 days Hosp.  
In this community years, months or days

3. (a) PRINT FULL NAME Oke King Stout  
3. (b) If veteran, name war - 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 Mollie Stout 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Nov. 28 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Severance Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Jacob Stout  
13. Birthplace ? Ohio (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Stivers  
15. Birthplace ? Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mollie Stout (b) Address Severance Kansas

17. (a) removal (b) Date thereof 1-5-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Re. Troy, Kansas

18. (a) Signature of funeral director [Signature]

(b) Address Troy, Kansas

19. (a) Jan 6 - 1941 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Doniphan  
(c) City or town Severance (Rural)  
(d) Street No. [Blank] (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 5 year 1941 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from 12-29-40 to 1-5-41 and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis abdominal aorta Duration 6 days

Due to: Arterio Sclerosis yrs

Due to: Arterio Sclerosis Heart Disease yrs  
Cervical 7 spondylitis yrs

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 93 P

Of autopsy: no autopsies 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 L. H. Farrow (M. D. or other)

Address St. Joseph Mo Date signed 1-6-41

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

11  
1  
7

ST. JOSEPH

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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 *E. H. Kamm*

Licensed Embalmer No. 3532

P. O. Address Tracy, Kansas

**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.**