S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6043

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 815

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 No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Last time 8 days (Specify whether years, months or days)
In this community 52 yrs.

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. 725 Prospect
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Norman Stoltz

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 23 1877 (Month) (Day) (Year)

8. AGE: Years 63 | Months 3 | Days 0 | If less than one day hr. min.

9. Birthplace Canton Ohio (City, town, or county) / (State or foreign country)

10. Usual occupation Diamond Setter

11. Industry or business

FATHER
12. Name Joseph Stoltz
13. Birthplace Ohio (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Christine Miller
15. Birthplace Ohio (City, town, or county) / (State or foreign country)

16. (a) Informant Anna Christine Stoltz
(b) Address 725 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn

19. (a) 3/25/41 (Date received local registrar) (b) M. M. Corsine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd
year 1941 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-15-41, 19__ to 2-23-41, 19__; that I last saw him alive on 2-23-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Primary carcinoma of tongue with extension and erosion of lingual artery followed by
Due to fatal hemorrhage
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Henry R. Stone (M. D. or other)
Address Med. Dir. K.C.Gen. Hospital, K. C. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address K. C. Mo

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

If this body is not embalmed, fact should be so stated above.