

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13721**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1702**

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: **St. Joseph Hospital,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days,**
(Specify whether years, months or days)
In this community **23 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. **3028 Flora,**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

3. (a) PRINT FULLNAME **Mrs. Alice A. Stout,**
3. (b) If veteran, name war. **X** 3. (c) Social Security No. **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **27th**
year **1941** hour **7:00** minute **P.** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married,**
6. (b) Name of husband or wife **E. E. Stout,** 6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **May 23 1871**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 26**
1941, to **April 27** **1941;**
that I last saw h. **er** alive on **April 27** **1941;**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 11 4 hr. min.

Immediate cause of death: **Rupture of caecum**

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

Due to **Obstruction of rectum**

10. Usual occupation **at home,**

Due to **adenocarcinoma of rectum - Primary**
Other conditions: **460**
(Include pregnancy within 3 months of death)

11. Industry or business **X**

MOTHER FATHER { 12. Name **Abraham Parker,**
13. Birthplace **Canada,**
(City, town, or county) (State or foreign country)
14. Maiden name **Eivira Lamb,**
15. Birthplace **Unknown,**
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations: **460**
Of autopsy: **Rupture of caecum due to carcinoma of rectum**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. E. E. Stout,**
(b) Address **3028 Flora, Kansas City, Mo.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) **Burial,** (b) Date thereof **4-29-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cemetery,**

(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?

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

While at work (Specify type of place) (c) Means of injury **0**
23. Signature **Leo Nephilde M.D.** (M.D. or other)
Address **Tanasco, Mo.** Date signed **4-29-41**

19. (a) **Apr 29 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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

Dr. Thiel.

Prof Bldg.
N 1331

Probably 11 AM

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

Felix Remy

Licensed Embalmer No.

H127

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, fact should be so stated above.