No. 2
1-4-41
-17-39
X26390
048
3
8

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

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20701

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2231

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: O Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2627 Cypress O
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Michael William Stolsworth

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex O 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 February (Month) 16 (Day) 1941 (Year)

8. AGE: Years | Months 3 | Days 25 | 4 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business —

FATHER
12. Name William B. Stolsworth
13. Birthplace Marshall (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Wilma Wilson
15. Birthplace McLune (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mr. William B. Stolsworth
(b) Address 2627 Cypress

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 13 (Day) 1941 (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 6/10/41 K. C. Mo.

19. (a) 6/10/1941 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1941 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 7, 1941, to June 9, 1941;
that I last saw him alive on June 9, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchophneumonia	
Due to	
Due to ~~10 Ta~~	
Other conditions None. (Include pregnancy within 3 months of death) 10 7	

Major findings:
Of operations
Of autopsy

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 O

23. Signature H M Gilbert (M. D. or other)
Address 1624 Prof Bldg. 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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.