

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28544**

Registration District No. **43** Primary Registration District No. **5559** Registrar's No. **72**

1. PLACE OF DEATH:

(a) County **JACKSON**
 (b) City or town **KANSAS CITY, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3601 EAST 78TH ST
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution:
 In this community **1** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
 (c) City or town **KANSAS CITY (Rural)**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3601 EAST 78**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country **NO**

3. (a) PRINT FULL NAME **MELVIN H. STUTZMAN SR.**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **SADIE GRACE STUTZMAN** 6. (c) Age of husband or wife if alive **21** years
 7. Birth date of deceased **JULY 21 1950**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	91	1	7	hr. min.

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

10. Usual occupation **RETIRED**

11. Industry or business

12. Name **UNKNOWN**

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **MELVIN H. STUTZMAN JR.**

(b) Address **3601 E. 78TH ST. KC. MO**

17. (a) **BURIAL** (b) Date thereof **8-29-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HIGHLAND PARK**

18. (a) Signature of funeral director **PASSANTINO BROS.**

(b) Address **9TH W. KANSAS CITY, MO**

19. (a) **9:07-41H** (b) **Miss T. B. ...**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** Day **28** Year **41**
 year hour minute **54** M.

21. I hereby certify that I attended the deceased from **19** to **19**
 that I last saw him **alive on** and that death occurred on the date and hour stated above.
 Immediate cause of death **Chronic Myocarditis**

Due to **930**
 Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

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 **...** (M. D. or other) **3**
 Address Date signed

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

1800

242

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.

Myself

Signed *Bert Logan*
Licensed Embalmer No. *3979*
P. O. Address *Kansas City, 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, fact should be so stated above.