

No. 2  
-13-40  
-17-39  
X23159

Registration District No. **379**

Primary Registration District No. **1002**

Registrar's No. **3459**

1. PLACE OF DEATH: **Jackson**  
 (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: **344 N. Hardesty, /**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 1/2** Years (Specify whether years, months or days)  
 In this community **5 1/2** Years

3. (a) PRINT FULL NAME **PHILLIP HENRY STANGE**  
 3. (b) If veteran, name war **No**  
 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 **Mary J.**  
 6. (c) Age of husband or wife if alive **71** years  
 7. Birth date of deceased **November 23, 1869**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **9** Days **21** hr. **—** min.

9. Birthplace **Unknown Peoria, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Grocer**

11. Industry or business **Own**

Name **John Stange**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
 Maiden name **Marjaret Briedert**

14. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

Informant **Mrs. Mary J. Stange**

(a) Address **344 N. Hardesty**

(a) Burial (b) Date thereof **9/16/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **C. H. BLACKMAN & SON, INC.**

(b) Address **2825 Indep. Blvd., K. C. Mo.**

19. (a) **9/16/41** (b) **M. M. Crow**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson** **48**  
 (c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL") **8**  
 (d) Street No. **344 N. Hardesty**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **7** 13  
 year **1941** hour **11** minute **55** P.M.

21. I hereby certify that I attended the deceased from **June 1, 1941, to Sept 13, 1941**  
 that I last saw **him** alive on **Sept 9, 1941**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis 7 days**

Due to **Hypertension** **3 yrs**

Due to **HTA**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **no**  
 Of autopsy **no**  
 PHYSICIAN **gpa**  
 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 **P. L. G. Law** (M. D. or other) **0**  
 Address **5242 1/2** Date signed **9/16-41**

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

See removed other  
1-3  
1-3

**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.....

*B. T. Blackman*

Licensed Embalmer No.....

*2247*

P. O. Address.....

*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.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

30702 4j

State of Mo  
County of Jackson

State File No. \_\_\_\_\_  
Local Registrar's No. 2459

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28 day of Oct, 1941, before me appears Mary  
Stange, who, upon her oath, states that the original record of <sup>birth</sup> death  
for Phillip Henry Stange, <sup>died</sup> 9-13-41, 1941, in the State of  
Missouri, and which was filed at Kansas City on 9-16, 1941, should be corrected as follows:

- Item No. 9 should read Georgia, Missouri  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
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- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
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- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary P. Stange Wife  
Relationship.  
4344 N. Hardisty  
Present Address.

Subscribed and sworn to before me this 28 day of Oct, 1941

My Commission expires 7. 27. 43 Margaret M. Crowe Notary Public

135  
40  
26048

1941  
S-30702