

No. 2
4-13-40
1-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19819
State File No. 4495
Registrar's No.

JAN 24 1942
Registration District No. 399

Primary Registration District No. 1002

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

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:
1515 Linwood Blvd. Fundamental Bapt. Church
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. ---
(Specify whether
In this community 18 Years 0
years, months or days)

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. 3403 Highland Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- 0 years.

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MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mr. Walter B. Stigall, Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. 437-12-6086

20. DATE OF DEATH: Month Dec. day 2nd
year 1941 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 19 and that I last saw him alive on 19 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased 19 1869
(Month) (Day) (Year)

Immediate cause of death
Acute Pulmonary Edema
Chronic Fibrous Myocarditis
Coronary Sclerosis
Other conditions (Include pregnancy within 3 months of death) 935

8. AGE: Years Months Days If less than one day
72 8 14 hr. min.

9. Birthplace Henrietta 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Corn Products Co. No. K. 0

MOTHER FATHER { 12. Name Franklin ; Stigall
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Martha E. Campbell
15. Birthplace Richmond 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Stigall
(b) Address 4275 Elba St Terrace

17. (a) Burial (b) Date thereof Dec. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director O. H. Newsome's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 12/4/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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 [Signature] (M. D. or other)
Address [Signature] Date signed

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.....

C. Hervey Dinsent

Licensed Embalmer No.....

4070

P. O. Address.....

A. C. 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.