

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1434

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 358

1. PLACE OF DEATH: Jackson
 (a) County Kansas City
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 4126 Euclid /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 years
 (Specify whether 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. 4126 Euclid
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mrs. Louise Estelle Stansbury

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th
 year 1942 hour 3 minute 40 P. M.

3. (b) If veteran, name war XX 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Dec 1-91
 _____, 19____, to Jan 24, 1942
 that I last saw her alive on Jan 23, 1942
 and that death occurred on the date and hour stated above.

4. Sex Fe / 5. Color or race Wh
 6. (a) Single, widowed, married, divorced 2 Widowed

Immediate cause of death _____

6. (b) Name of husband or wife Wm. Thomas Stansbury 6. (c) Age of husband or wife if alive XX years

Due to Cerebral Hemorrhage
8:30

7. Birth date of deceased October 11, 1851
(Month) (Day) (Year)

Other conditions Cerebral Sclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years 90 Months 3 Days 13
 If less than one day hr. _____ min.

Due to _____

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

Due to _____

10. Usual occupation At Home

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy None

12. Name Calvin Burrows

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? _____

13. Birthplace 1 N. Y.
(State or foreign country)

14. Maiden name Reba Wilcox
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Brooke
(b) Address 4126 Euclid

17. (a) Removal (b) Date thereof 1-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha, Nebr.

18. (a) Signature of funeral director J. Wagner
(b) Address Kansas City, Mo.

19. (a) 1-26-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature J. P. Runney (M. D. or other)
Address 3111 94th St Date signed 1/26-42

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

MOTHER FATHER

311
11-1572
Original

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.