

Registration District No. 399

Primary Registration District No. 1007

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community 2 weeks

3. (a) PRINT FULL NAME Stine, Antoinette Louise

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

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Chas 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased: Dec 22 - 1941
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>15</u>	hr. min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Cecil W Stine

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

14. Maiden name Louise Mary Robert

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

16. (a) Informant Cecil W Stine

(b) Address 1744 Jefferson

17. (a) Burial (b) Date thereof 1-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk & Tollen

(b) Address St. Louis Mo

19. (a) Jan 7 1942 (b) Dr. M. Croon
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 1741 Jefferson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 6th
year 1942 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 6 (7:30 AM), 1942 to Jan 6 (9:10 AM), 1942; that I last saw her alive on Jan 6, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Pulmonary Stenosis Left Duration 14 days

Due to Pulmonary Atelectasis Left "

Due to Strangulated ectopic left kidney 1 day

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

Major findings: None

Of operations _____

Of autopsy above 161a

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? _____

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

23. Signature Charles Eldridge (M. D. or other) _____
Address 6247 Brookside Blvd Date signed 1-6-42

Ve 3512
328 Broadway
New York
Mr. Rooney

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 Charles M. Hunt

Licensed Embalmer No. 3834

P. O. Address K. O. No.

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.