

FILED MAR 16 1942

Registration District No.

Primary Registration District No. 1002

Registrar's No. 981

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: 5609 Harrison
(If not in hospital or institution, write street number or location)

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

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")

(d) Street No.: 5609 Harrison 8
(If rural, give location)

(e) Citizen of foreign country?: No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Miss Carol Jean Stafford

3. (b) If veteran, name war: XX

3. (c) Social Security No.: None

4. Sex: Fe

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Sgl

6. (b) Name of husband or wife: XX

6. (c) Age of husband or wife if alive: XX years

7. Birth date of deceased: February 1 1926
(Month) (Day) (Year)

8. AGE: Years 16 Months 1 Days 0
If less than one day hr. min.

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

10. Usual occupation: School Girl

11. Industry or business:

MOTHER FATHER

12. Name: Charles B. Stafford

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

14. Maiden name: Katherine Seckinger

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

16. (a) Informant: Charles B. Stafford
(b) Address: 5609 Harrison

17. (a) Entombment: (b) Date thereof: 3-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Abby

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

19. (a) 3/3/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1st
year 1942 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 9 to 19
that I last saw deceased live on 3/3/42
and that death occurred on the date and hour stated above.

Immediate cause of death: Primary Carcinoma of Liver
Due to: Liver 46 f

Other conditions:

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Russell W. Jones
Address: KC Mo Date signed: 3

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

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.