

FILED APR 8 1943 99

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(c) Name of hospital or institution: 3420 Benton,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since December, 1941  
In this community 50 years.  
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. 5419 Wornall Road,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Miss Alice May Stanford,

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

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

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

7. Birth date of deceased May 10 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>14</u>	hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Horace Stanford,

13. Birthplace Illinois, (State or foreign country)

14. Maiden name Abigail May, (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Kurt Von-Mayrhauser,

(b) Address 5419 Wornall Road, Kansas City, Mo

17. (a) Cremation (b) Date thereof March 26, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 3-26-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th  
year 1942 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from July  
1934 to Febry, 191942  
that I last saw h. ex alive on Febry 17, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis and thrombosis

Due to 5/3/11

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 436  
Of autopsy

Duration  
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 Leis W. Neelburg (M. D. or other) U  
Address Plaza Med Bldg Date signed 3-24-42

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

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Dr. E. W. Wilhelmy,  
Plaza Med. Bldg.,  
Lo 1553

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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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. 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.**