

Registration District No. **149**

Primary Registration District No. **1002**

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8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Mc

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: **2310 E. 9th St. /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **32 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John S. Stanley**

3. (b) If veteran, name war. **no**

3. (c) Social Security No. **499-07-3936**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **9** years (Day) (Year)

7. Birth date of deceased **June 9 1879**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>63</b>	<b>62</b>	<b>1</b>	<b>22</b>
				hr. min.

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

10. Usual occupation **Carpenter**

11. Industry or business **Same**

MOTHER FATHER { 12. Name **Byron Stanley**

13. Birthplace **Indiana /**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nancey Miller**

15. Birthplace **Iowa /**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Milton Stanley**

(b) Address **Grinnell Iowa**

17. (a) **Burial Removal** (b) Date thereof **8-4-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shenandoah Iowa**

18. (a) Signature of funeral director **W. E. Anderson**

(b) Address **405 W. 7th St. M. No. Crowe**

19. (a) **8-3-42** (b) **M. No. Crowe**  
(Date received local registrar) (Registrar's signature)

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. **2310 E. 9th St.**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **1**  
year **1942** hour **11:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug 1 - 1942**  
to **8-1-1942**  
that I last saw h. **in** alive on **Aug 1 - 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema.**

Due to **IIIc**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration **few hours.**

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?

23. Signature **D. P. Redding** (M. D. or other)

Address **5111 INDEPENDENCE AVE.** Date signed **8-3-42**

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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.....

Licensed Embalmer No. *593-37*

P. O. Address *1700 2nd*

**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.**