

FILED AUG 1 1942

Registration District No. 399

Primary Registration District No. 1002

State File No.

Registrar's No. 2786

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:
3216 Lockridge, /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. one year
(Specify whether years, months or days)
 In this community. 38 years

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. 3216 Lockridge
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Arthur M. STENGER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Lorraine Kinney 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased. April 9, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>11</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business Realtor.

12. Name Henry Stenger

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Schneider

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louise Benison, Sister,
(b) Address 3208 East 26th St. Terr. KC, MO

17. (a) Removal (b) Date thereof 7/22/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scranton, Kansas.

18. (a) Signature of funeral director Melody-McGilley

(b) Address K + CM MO

19. (a) July 21 1942 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1942 hour 3:40 minute PM M.

21. I hereby certify that I attended the deceased from 6/1/42
1942 to 7/20 1942
that I last saw him alive on July 20th 1942
and that death occurred on the date and hour stated above

Immediate cause of death Sept. stroke

Due to Stenoplegia.

Due to Hyper tension due to chronic nephritis - x

Other conditions chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: 131B
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) 0
Address 808 Park Bldg 131B Date signed 7/24/42

Duration 2 days
Type yes
Yes-
no-
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

48
8/25

48
3
8

381

Dr. Hallberg -
106 W 34th St
Rdster

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.....

2789

P. O. Address.....

FC

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.