

S. No. 2  
M-9-4-41  
v. 5-17-39  
I X29484

23625

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 27 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2749

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

48  
8/11

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-14-42-7-17-42  
(Specify whether years, months or days) 17 years

In this community 17 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. 1230 Denver  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Stock

3. (b) If veteran, name war No

3. (c) Social Security No. 499-07-6469

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1942 hour 5 minute 20 A.M.

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Mrs. Agnes Stock

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January 11 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-26-1942 to 7-17-42 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 6 Days 6 If less than one day hr. min.

Immediate cause of death Carcinomatous cancer of tongue

Due to advanced cancer

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

Other conditions (Include pregnancy within 3 months of death) 45B

10. Usual occupation Baker

Major findings: Of operations no

11. Industry or business Safeway Bakery

12. Name Charles Stock

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

14. Maiden name Minnie Heite

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

Of autopsy no

PHYSICIAN 45B

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Agnes Stock

(b) Address 1230 Denver

17. (a) Burial (b) Date thereof 7-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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?

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 7-18-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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

23. Signature J. M. Wagner (M. D. or other)

Address 1010 Kialla Bldg Date signed 7-17-42

ME

1010 Rev. 2/70  
44 2470

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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 A. R. Harnisch  
Licensed Embalmer No. 4159  
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.**