

FILED MAR 5 1943
Registration District No. 149

Primary Registration District No. 1002

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

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 K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days) 18 Years

3. (a) PRINT FULL NAME John H. Stoeber
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 Married
6. (b) Name of husband or wife Mrs. Eva K. Stoeber 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased December 27 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 19 hr. min.

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

10. Usual occupation Jobber

11. Industry or business Toys & Novelties

MOTHER FATHER

12. Name Charles C. Stoeber
13. Birthplace Millstead Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Margretha Hildebrand
15. Birthplace Millstead Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva K. Stoeber
(b) Address 3925 Bales

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director D. H. Newcomer, Sr.
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-17-43 (Date received local registrar) (b) M. M. Lawrence (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. 3925 Bales (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th
year 1943 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-13-43 to 2-15-43, 19...
that I last saw him in alive on 2-15-43, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to 83a
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy None

Duration
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. R. P. Johnson (M. D. or other) M. D.
Med. Dir. K.C. Gen. Hospital
Address _____ Date signed 2/16/1943

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.....

P. O. Address.....

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.