

FILED OCT 13 1943

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 4179

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Belton
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SHARON JEAN STOUTZENBERGER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced N.B.

6. (b) Name of husband or wife N.B.

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

7. Birth date of deceased September 27, 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation N.B.

11. Industry or business _____

MOTHER FATHER

12. Name Eugene Stoutzenberger

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

14. Maiden name Hazel Craig

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

16. (a) Informant Mrs. Eugene Stoutzenberger

(b) Address Belton, Missouri

17. (a) Burial (b) Date thereof 10/21/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Raymore, Missouri

18. (a) Signature of funeral director Quirk and Palmer Co.

(b) Address 20 West Linwood, K.C. Mo.

19. (a) 10-1-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October, day 1st, year 1943, hour 9, minute 10 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on Oct 1st, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Defect 36 hrs.

Due to _____

Due to 572

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Congenital Heart

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. Damon W. Walthall (M. D. or other)

Address 233 Plymouth Medical Date signed Oct 1st 43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Charles M Dennis*
Licensed Embalmer No. *3774*
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.