

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

FILED FEB 3 1944

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 268

1. PLACE OF DEATH:  
**Jackson**  
 (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. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
 In this community 40 years  
years, months or days)

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. 4416 Norledge  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. BRIDGET STOFFER

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

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jack 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 17th 187  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	7	28	.....hr. ....min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Michael Flynn

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

14. Maiden name Mary Buckley

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

16. (a) Informant Mrs. R. A. Reck

(b) Address 4416 Norledge

17. (a) Burial (b) Date thereof 1/17/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Dunk and Sabine

(b) Address 20 West Linwood Blvd

19. Jan 17-1944 T. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 14,  
 year 1944 hour 5: minute 30 A. M.

21. I hereby certify that I attended the deceased Pathologist  
 from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Arteriosclerosis  
Coronary sclerosis  
Chronic myocarditis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy As above

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 \_\_\_\_\_

Signature J. T. Jamier (M. D. or other) \_\_\_\_\_  
D. J. Inwood, M.D. Date signed 1-17-44

MAR 11 1948

**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. Zwick

Licensed Embalmer No. 3774

P. O. Address Kansas City, 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.**