

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community 15 years  
(Specify whether 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. Milner Hotel, 9th & Central  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dr. Joseph E. Stark

3. (b) If veteran, name war No 3. (c) Social Security No. 486-01-0550

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 3, 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	7	18	hr. min.

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

10. Usual occupation Dentist

11. Industry or business Eastern Dental Rooms

12. Name William A. Stark

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

14. Maiden name Unknown

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

16. (a) Informant George E. Stark

(b) Address 3324 Woodland

17. (a) Removal (b) Date thereof 4-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Edna Bess

(b) Address 1416 Minnesota

19. (a) 4-28-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1944 hour 6:30 A.M. minute \_\_\_\_\_ M.

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

Immediate cause of death Acute myocardial infarction

Due to Coronary insufficiency

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy See Report

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 Albert E. Updegraff M.D. (M. D. or other)  
23 Mc Coy Date signed 4/21/44

Address \_\_\_\_\_

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..... *O. H. Beckwith* .....

Licensed Embalmer No. *3937* .....

P. O. Address. *Kansas City, Kans* .....

**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.**