

FILED MAY 5 1944

State File No. 1767
 Registrar's No.

Registration District No. 179

Primary Registration District No. 1002

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:
6530 Linden Road, /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 90 days.
(Specify whether
 In this community 33 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. 6530 Linden Road,
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Sylvanus H. Stoltzfus

3. (b) If veteran, name war World War #1
 3. (c) Social Security No. 499-10-2441

4. Sex Male 5. Color or face White
 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Betty Louise Stoltzfus
 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased July 24 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 57 56 8 26 25 hr. min.

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

10. Usual occupation President

11. Industry or business General Mill Equipment Co.

12. Name John B. Stoltzfus

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 Mrs. Betty Louise Stoltzfus

(b) Address 6530 Linden Road, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stina E. McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-21-44 (b) M. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
 year 1944 hour 8:10 minute 0 B. M.

21. I hereby certify that I attended the deceased from 7/9/43
 that I last saw him alive on 4/11/44
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 1 yr
 Duration

Due to
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy
 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?
 (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 Stina E. McClure (M. D. or other)
 Address 1022 W. 11th St. Date signed 4/27/44

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

Dr. The Corp.
any Dr. Bl...
MAY 17 1944

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 John H. Hurley
Licensed Embalmer No. 4058

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.