

FILED OCT 24 1944
749

Registration District No. **749**

Primary Registration District No. **1002**

Registrar's No. **4030**

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:
135 Spruce
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **41 years**
years, months or days)

3. (a) PRINT FULL NAME **George Samuel Stahl**

3. (b) If veteran, name war **Spanish-American** No. **None**
3. (c) Social Security No. **None**

4. Sex **male** 0 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Katie B.** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **January, 14 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	8	20	hr. min.

9. Birthplace **Kansas City Missouri** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **Special Clerk**
11. Industry or business **U.S. Postal Service**

MOTHER FATHER { 12. Name **I. Samuel Stahl** 1
13. Birthplace **Stahl town Pennsylvania**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Tuttle**
15. Birthplace **Vipsilanti Michigan** 1
(City, town, or county) (State or foreign country)

16. (a) Informant **Katie B. Stahl**
(b) Address **135 Spruce K.C. Mo.**

17. (a) **burial** (b) Date thereof **10/6/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Hope-K.C. Kansas**

18. (a) Signature of funeral director **Geo H Longmat**

(b) Address **703 N. 10 St. K.C. Kansas**

19. (a) **10-5-44** (b) **P. E. Brown**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** 42
(c) City or town **Kansas City** 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. **135 Spruce**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **4**
- year **1944** hour **9** minute **15** A.M.

21. I hereby certify that I attended the deceased from **9/14 1944** to **10/4 1944**
that I last saw h. i. m. alive on **10/3 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Calculated Stomach Tuberculosis

Due to.....

Due to..... **4/6/45**

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?..... (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 **B. A. Willis** (M. D. or other) **MD**
Address **5400 1/2 John St** Date signed **10/15/44**

OCT 26 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 Louis A. Long
Licensed Embalmer No. 3417

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.