

Registration District No. **149** 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: **St. Joseph's Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6-DAYS 0**  
(Specify whether years, months or days)

In this community **26 YEARS**

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. **9000 East 67th St. Suraci**  
(If rural, give location)

(e) Citizen of foreign country? **YES** (Yes or No)  
If yes, name country **ENGLAND**

3. (a) PRINT FULL NAME **GEORGE STAGG**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **495-01-4247**

4. Sex **Male**

5. Color of race **White**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MRS. MARY JANE STAGG**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **JUNE 9 1883**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>61</b>	<b>5</b>	<b>10</b>	hr. min.

9. Birthplace **4 ENGLAND**  
(City, town, or county) (State or foreign country)

10. Usual occupation **SHIPPING CLERK**

11. Industry or business **M-PIRE DRUG COMPANY**

12. Name **JOSEPH STAGG**

13. Birthplace **4 ENGLAND**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARY ELLEN UNKNOWN**

15. Birthplace **4 ENGLAND**  
(City, town, or county) (State or foreign country)

16. Informant **Mrs Geo Stagg**

(X) Address **9000 E 67th St Kansas City 3 Mo**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **Nov 22 1944**  
(Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK CEM**

18. (a) Signature of funeral director **W. H. Newcomer**

(b) Address **1401 Brush Creek Blvd**

19. (a) **11-21-44** (Date received local registrar)

(b) **T. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **19<sup>TH</sup>**  
year **1944** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Nov 7<sup>th</sup>** 19**44** to **Nov 19<sup>th</sup>** 19**44**  
that I last saw him alive on **Nov 19<sup>th</sup>** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Acute vegetative endo-**  
**carditis**  
**Acute glomerulo-**  
**nephritis**  
**Bronchopneumonia**  
**(No organisms found)**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9/0**

Of autopsy **As above**

Duration

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)

(c) Means of injury

23. Signature **J. L. Hiffman** (M. D. or other)

Address **Kansas City Mo** Date signed **11-19-44**

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 Emily M. Calhoun

Licensed Embalmer No. 3506

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.**