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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1945

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

Registrar's No. 534

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: 7404 Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7404 Paseo 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country U

3. (a) PRINT FULL NAME MRS. DEANE BARNEY STADLER

3. (b) If veteran, name war XX

3. (c) Social Security No. No

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph A. Stadler

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

7. Birth date of deceased September (Month) 29 (Day) 1874 (Year)

8. AGE: Years 70 | Months 4 | Days 2 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Marshall J. Barney
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Augusta Brown
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Elsie Brown
(b) Address 3210 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.

19. (a) 2-2-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1945 hour 1: minute 35 A M.

21. I hereby certify that I attended the deceased from 5-18-42, 19__, to 1-31-45, 19__;
that I last saw her alive on 1-29-45, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the uterus (body) c̄ extensive metastases

~~Due to~~

Due to

Other conditions (Include pregnancy within 3 months of death) 48

Major findings:
Of operations
Of autopsy Same

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Jim H. Wheeler (M. D. ~~or other~~)
Address 1500 Prof Bldg Date signed 2-1-45

(Licensed Embalmer's Statement on Reverse Side)

11-1145

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 Cecil R. Matthes

Licensed Embalmer No 3807

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.