DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8821

FILED APR 5 1945

Registration District No. 5

Primary Registration District No. 1002

Registrar's No. 1333

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 Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Abt 1 day (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 3042 Grand 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HAROLD A. STOUT

3. (b) If veteran, name war No

3. (c) Social Security No. 510-07-0629

4. Sex Ma 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Bessie ~~Mildred~~ Stout

6. (c) Age of husband or wife if alive ~~34~~ 50 years

7. Birth date of deceased April (Month) 19 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	11	0	hr. min.

9. Birthplace New Sharon (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Grocery & Meat Market

11. Industry or business 5½ East 31st

FATHER
12. Name James G. Stout
13. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name ~~No Record~~ Emma Cornell
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

Carrier 5-27-45 Hotel

16. (a) Informant Mrs. ~~Mildred~~ Bessie Stout
(b) Address ~~3042 Grand~~ 2434 Hauser Blvd Los Angeles Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

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

19. (a) 3-22-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1945 hour 3: minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 14 1945, to 3-19 1945, that I last saw him alive on 3-18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma

Due to Ch. Interstitial Nephritis

Due to Hypertrophy heart Myocardial

Other conditions Hemorrhage Dropsy
(Include pregnancy within 3 months of death)

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 [illegible] (M. D. or other)

Address 303 [illegible] Date signed 3-20-45

(Licensed Embalmer's Statement on Reverse Side)

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

14 6400

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 wit the above constitutes grounds for revocation of license.)

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

AFFIDAVIT OF MILDRED FIELDS

STATE OF MISSOURI)
) SS.
COUNTY OF JACKSON)

Mildred Fields, having been duly sworn, upon her oath states that she is the person who gave the information to Wagner Funeral Home for the completion of the Death Certificate of Harold A. Stout; that in giving such information affiant assumed the name of Mildred Stout and represented herself to be the wife of said Harold A. Stout; that the Mrs. Mildred Stout referred to in said Death Certificate and this affiant, the said Mildred Fields, are one and the same person.

Mildred Fields
Affiant

Subscribed and sworn to before me this 29th day of June, 1945.

W. Roberts Wagner
Notary Public

My Commission expires
November 18, 1947

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson

State File No.
Local Registrar's No. 1333

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of June, 1945, before me appears Mildred Fields, who, upon Her oath, states that the original record of ~~birth~~ death for Harold A. Stout, ~~born~~ died March 19, 1945, in the State of Missouri, and which was filed at Kansas City, Mo. on 3-22, 1945, should be corrected as follows:

Item No. 6b should read Bessie Stout
Instead of Mildred Stout
Item No. 6c should read 50 yrs.
Instead of 34 yrs.
Item No. 16a should read Mrs. Bessie Stout
Instead of Mrs. Mildred Stout
Item No. 16b should read 2434 Hauser Blvd. Los Angeles, Calif.
Instead of 3042 Grand
Item No. 14 should read Emma Cornell
Instead of unknown
Item No. should read [illegible] Los Angeles, Calif.
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mildred Fields Friend
Relationship.

5½ E 31st St
Present Address
Kansas City, Mo.

Subscribed and sworn to before me this 14th day of June, 1945.

My Commission expires Nov. 18, 1947 W. Raleigh Boyd Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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