

S. No. 2
DM-543
v. 5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19698

FILED JUN 25 1945

Registrar's No. 2421

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: K. C. Osteo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
In this community 30 years
years, months or days (Specify whether)

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. 309 S. White
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GRACE STADELBACHER

3. (b) If veteran, name war No
3. (c) Social Security No. 191-22-4487

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5
year 1945 hour 2 minute 10 P. M.

4. Sex Fe. 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Dec. 25, 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 10, 1945 to June 5, 1945
that I last saw her alive on June 5, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
48 5 10 hr. min.

Immediate cause of death Decompensated myocarditis Duration 5 weeks
Due to Pulmonary edema 1 day
Due to _____

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

10. Usual occupation Homemaker

Other conditions 93%
(Include pregnancy within 3 months of death)

11. Industry or business _____
Name Johnson Beal

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Birthplace Missouri
(City, town, or county) (State or foreign country)
Maiden name Ezile Beale

13. Birthplace Unionville Missouri
(City, town, or county) (State or foreign country)

16. Informant Albert Stadelbacher
Address 309 S. White

17. (a) Burial (b) Date thereof 6/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

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? _____

18. (a) Signature of funeral director Kansa S City, Mo.
(b) Address C. H. Blackman & Son,

23. Signature J. J. Boesken (Specify type of place) (e) Means of injury 2
Address 597 1/2 W. John M. D. or other D.O.
Date signed 6/16/45

19. (a) 6-6-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

19698

MOTHER FATHER
Cora
6-9-1878

AUG 30 1945

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 W. D. Blackman

Licensed Embalmer No. 3639

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson ss.

State File No. 19698-15
Local Registrar's No. 2421

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3rd day of May, 1947, before me appears Albert Stadelbacher, who, upon his oath, states that the original record of birth for Grace Stadelbacher, ^{died} ~~born~~ June 5, 1945, in the State of Missouri, and which was filed at R.C., Mo. on 6-6 1945, should be corrected as follows:

Item No. 3 should read Grace Ellen Stadelbacher
Instead of Grace Stadelbacher

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
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: A. Stadelbacher, Hubert
Relationship: _____
135 So. Bellair
Present Address.

Subscribed and sworn to before me this 3rd day of May, 1947.

My Commission expires Oct 20, 1947 Barrie M. Ruppertus Notary Public.

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

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