. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19701
Registrar's No. 2688

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 HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 HOUR (Specify whether years, months or days)
In this community 40 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. 2035 E 48TH STREET
(If rural, give location) Terrace
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK HENRY STUMBERG
3. (b) If veteran, name war NO
3. (c) Social Security No. 486-07-1716
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. DOROTHY SCOTT STUMBERG
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased NOV (Month) 19 (Day) 1875 (Year)

8. AGE: Years 69 Months 7 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace DENVER (City, town, or county) COLORADO (State or foreign country)
10. Usual occupation INSTRUCTOR KCPS CO
11. Industry or business 40 YEARS
FATHER
12. Name HENRY STUMBERG
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELIZABETH CROUSE
15. Birthplace GERMANY (City, town, or County) (State or foreign country)
16. (a) Informant Mrs. Dorothy Stumberg
(b) Address 2035 East 48th Street Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director D. H. Hendmers Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 6-25-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23RD year 1945 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from June 21, 1945, to June 23, 1945, that I last saw him alive on June 23, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	2 days
Due to: Chr. Myocarditis	1
Due to:	
Other conditions (Include pregnancy within 3 months of death): 173 D	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Elliott Murphy (M. D. or other)
Address 1232 Prof. Bldg. Date signed 6-25-45

(Licensed Embalmer's Statement on Reverse Side)

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

1232 Independence Blvd
11-4-30

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 E. Oscar Hoffhey

Licensed Embalmer No. 1767

P. O. Address Kansas City.

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.