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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 3 1945

State File No. 19702

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2653

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:
5623 TRACY AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 39 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. 5623 TRACY AVENUE 8
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME MRS. ELIZABETH D. CLARK STUMP

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife DR. CLAUDE E. STUMP

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased JUNE (Month) - 4 (Day) - 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	0	18	hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business ------

FATHER
12. Name JAMES F. CLARK
13. Birthplace (City, town, or county) PENNSYLVANIA (State or foreign country)

MOTHER
14. Maiden name JENNIE FRAZIER
15. Birthplace (City, town, or county) KEOKUK IOWA (State or foreign country)

16. (a) Informant Dr. Claude E. Stump

(b) Address 5623 Tracy Ave.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 6-25-45 (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-22-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22 year 1945 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 1, 1945, to June 22, 1945; that I last saw her alive on June 21, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	8 months
Due to ?	
Due to 50	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of breast and stomach
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) no

(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 H. F. Grammy (M. D. or other) D.O.

Address 1102 E 47th St Date signed 6-22-45

(Licensed Embalmer's Statement on Reverse Side)

Room 203
1102 East 47th Street

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 Emill M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.