

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36407

State File No.

FILED DEC 12 1945

Registrar's No. 4884

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County... Jackson

(b) City or town... Kansas City

(c) Name of hospital or institution... St. Mary's Hospital

(d) Length of stay: In hospital or institution... 7 days

In this community... 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson 48

(c) City or town... Kansas City

(d) Street No... 4920 Wyandotte

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME DR. PAUL F. STOOKEY

3. (b) If veteran, name war... World War 1

3. (c) Social Security No. none

4. Sex... Ma

5. Color or race... Wh

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

6. (b) Name of husband or wife... Anne Stookey

6. (c) Age of husband or wife if alive... 52 years

7. Birth date of deceased... September 17 1888

8. AGE:	Years	Months	Days	If less than one day
	57	2	8	hr. min.

9. Birthplace... Cedar Rapids Iowa

10. Usual occupation... Medical Doctor

11. Industry or business...

12. Name... Millard Stookey

13. Birthplace... Indiana

14. Maiden name... Jessie Porrey

15. Birthplace... Iowa

16. (a) Informant... Mrs. Anne Stookey

(b) Address... 4920 Wyandotte

17. (c) Burial... (b) Date thereof... 11-28-45

(c) Place: burial or cremation... Calvary Cemetery

18. (a) Signature of funeral director... J.W. Wagner

(b) Address... Kansas City, Mo.

19. (a) 11-27-45 (Date received local registrar)

(b) Heraldine Holman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25

year 1945 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 7-25-45 to 11-25-45

that I last saw him alive on 11-25-45 and that death occurred on the date and hour stated above.

Immediate cause of death... Carcinoma of left lung with metastasis to both Adrenal Glands and metastasis to mediastinum

Due to... advanced bronchiectasis

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

Major findings: Of operations... 472

Of autopsy... yes

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?...

(d) Did injury occur in or about home, on farm, in industrial place, in public place?...

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

23. Signature... J. Sanders (M. D. or other)

Address... 822 Apple Blvd. Date signed...

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Copy to
H.A. 5488

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 Alvin R. Harnsbeck
Licensed Embalmer No. H-1579
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.