

S. No. 2
1-9-4-41
5-17-39
PI X29484

FILED MAR 2 1946
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, Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2-6-46-2-13-46**
(Specify whether)

In this community **same**
years, months or days

3. (a) PRINT FULL NAME **Robert J. Stockmeyer**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Minnie Stockmeyer**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Feb JAN. 23 1876**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	69	11	20
			hr. min.

9. Birthplace **St. Scott** **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired mail carrier**

11. Industry or business **and Farmer**

12. Name **George Stockmeyer**

13. Birthplace **unknown** **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Kirkland**

15. Birthplace **unknown** **Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs R J Stockmeyer**

(b) Address **Gardner Kan**

17. (a) **Burial** (b) Date thereof **Feb-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gardner Kansas**

18. (a) Signature of funeral director **H. G. Patton**

(b) Address **Gardner Kansas**

19. (a) **2-13-46** (b) **Shelley Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Johnson**

(c) City or town **Gardner**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **13** day **Feb**
year **1946** hour **6** minute **52A** M.

21. I hereby certify that I attended the deceased from **6 Feb 46**
19 to **13 Feb**, 19**46**
that I last saw him alive on **9 Feb**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Subphrenic abscess**

Due to **Ruptured appendix retrocecal type**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12:1**

Of autopsy **Subphrenic abscess with ruptured appendix**

22. If death was due to external causes, all 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **A. S. Reec** (M. D.)
Address **Gardner Kans** Date signed **Feb 13 46**

Duration

8 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 4 1948

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 *H.E. Patterson*
Licensed Embalmer No. *1665*
P. O. Address *Gardner, Kansas.*

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.