

FILED APR 10 1948

Registration District No.

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:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years
(Specify whether years, months or days)
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town 5331 Highland
(If outside city or town limits, write "RURAL")
(d) Street No. K.C. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. ROSINA STALLBORIES

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 Widow
6. (b) Name of husband or wife Theodore Stallbories
6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased July 11 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 20
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name John Hender
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Annie Kreminerer
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Kischer
(b) Address 3724 Prospect

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 4/2/46
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Ernie and Robin C
(b) Address 20 West Linwood

19. (a) 4-2-46
(Date received local registrar) (b) Geraldine Holmes
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st day March
year 1946 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from Sept
1945, 19... to March 31 1946;
that I last saw her alive on March 31 1946, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lungs
Duration 1 year

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 472

Of autopsy no

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?

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

23. Signature John T Skemer (M. D. or other) MS
Address 1102 Grand Ave Date signed 4/1/46

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

8624

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 *Howard W. Farmer*

Licensed Embalmer No. *4134*

P. O. Address *Kansas City, 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.