

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 6 1946 STANDARD CERTIFICATE OF DEATH

13386
1946
Date File No. 13386
Registrar's No.

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether in this community years, months or days)

In this community since 1916
(Specify whether 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. 5315 Wayne 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Rose Stoller

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

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 24
year 1946 hour _____ minute P. M.

21. I hereby certify that I attended the deceased from 4-19 1946 4-24 1946
that I last saw her alive on 4-24 1946
and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Ernest J. Stoller

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

7. Birth date of deceased October 13 1874
(Month) (Day) (Year)

Immediate cause of death

Arteriosclerosis
Auricular fibrillation
Thromboses of Cerebral artery (rt.)
emboli: following amputation of rt. leg. due to arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>6</u>	<u>11</u>	hr. _____ min. <u>5</u>

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER

12. Name Christian Mueller 5

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

14. Maiden name Magdeline Boumer

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest J. Stoller

(b) Address 5315 Wayne, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Noriah Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 4-25-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Stated above

Of operations _____

Of autopsy no autopsy HA

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 0

23. Signature Paul J. Hunt (M. D. or other) _____
Address 1612 Piny. Bldg. Date signed 4-25-46

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

Coyff Balch

Dr. Hunt

DEC 6 1955

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..... *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address..... *N.C. 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.