S. No. 2
DM—5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13389

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1851

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: 2520 Indiana, Kansas City, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 2 years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 2

(d) Street No.: 2520 Indiana (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 9

If yes, name country:

3. (a) PRINT FULL NAME: Franklin A. STOUT

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: Melinda Stout

6. (c) Age of husband or wife if alive: 80 years

7. Birth date of deceased: September 9, 1866 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 12 If less than one day hr. min.

9. Birthplace: Unknonw (City, town, or county) North Carolina (State or foreign country)

10. Usual occupation: Retired Merchant

11. Industry or business: General Merchantdice

MOTHER FATHER

12. Name: Joseph H. Stout

13. Birthplace: Unknown (City, town, or county) North Carolina (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mrs. Nell E. Marlin

(b) Address: 2520 Indiana, K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4-21-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Naylor, Mo.

18. (a) Signature of funeral director: Mellody-McGilley-Eylan

(b) Address: 1800 Linwood Blvd. K.C. Mo.

19. (a) 4-21-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 21st year 1946 hour 8 30 minute a. M.

21. I hereby certify that I attended the deceased from April 14th 1946 to April 21st 1946 that I last saw him alive on April 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration

Due to: Chronic Interstitial Nephritis

Due to:

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

Major findings: Of operations: 131 a

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): ✓

(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: W F Sewell (M. D. or other) MD

Address: 1722 W 39th Date signed 4-21-46

(Licensed Embalmer's Statement on Reverse Side)

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 Glen E. Heck

Licensed Embalmer No. 4063

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.