

FILED MAY 20 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2060

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:
1328 MONTGALL AVENUE /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community 20 YEARS

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. 1328 MONTGALL AVENUE
(If rural, give location) ⁰

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

If yes, name country.....

3. (a) PRINT FULL NAME MR. GEORGE D STAUFFER

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 WIDOWED

6. (b) Name of husband or wife MRS. JENNIE STAUFFER

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

7. Birth date of deceased JANUARY-27-1869
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>77</u> | <u>3</u> | <u>21</u> | hr. min. |

9. Birthplace NEMAHA COUNTY KANSAS /
(City, town, or county) (State or foreign country)

10. Usual occupation GROCCER

11. Industry or business RETIRED 1-YEAR

12. Name HENRY STAUFFER /

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

14. Maiden name ELISEA CRULLER

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

16. (a) Informant Nick W. Stauffer

(b) Address 2809 E. 63rd St

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof MAY-6-1946
(Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. A. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 5-16-46 (Date received local registrar)

(b) Estherine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4TH
year 1946 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 1, 1946, to May 4, 1946, that I last saw him alive on May 4, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to chronic nephritis about 3 yrs.

Due to Hypertensive heart condition 8 yrs.

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

PHYSICIAN

Major findings:
Of operations 12/1/46

Of autopsy.....

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 ①

23. Signature Clide Swartz (M. D. or other)

Address 636 Grays Bl'g K.C. Mo. Date signed 5-6-46

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

15742

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address K. 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.