S. No. 2
M—5-43
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o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23828

FILED JUL 29 1946

Registration District No. 1002 Primary Registration District No. 1002

Registrar's No. 3038

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~~:
ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 3-DAYS (Specify whether
In this community 44 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24

(c) City or town NORTH KANSAS CITY-CRESTVIEW ADD
(If outside city or town limits, write "RURAL")

(d) Street No. 436 EAST-44TH STREET 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Jervis Foster Stanley

3. (b) If veteran, name war No

3. (c) Social Security No. 487-05-2674

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. EVALYN STANLEY

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased AUGUST (Month) 21 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	10	18	hr. min.

9. Birthplace ARKANSAS CITY (City, town, or county) KANSAS (State or foreign country) 1

10. Usual occupation OWNER & OPERATOR

11. Industry or business STANLEY TYPE, INC.

FATHER
12. Name UNKNOWN STANLEY
13. Birthplace (City, town, or county) KANSAS (State or foreign country) 1

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 1

16. (a) Informant Mrs. Evalyn Stanley 1
(b) Address North Kansas City, Missouri

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JULY-12-1946 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D. W. NEWCOMER'S SONS

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 9TH
year 1946 hour 7 minute 24 P. M.

21. I hereby certify that I attended the deceased from Pathologist, 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Basilar Artery	
Due to Thrombosis	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83b	
Of autopsy See Above	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Ascher (M. D. or other) M.D.

Address 2800 Main Date signed 7/10/46

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1947

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 Earl Ralph

Licensed Embalmer No. 23458

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.