

FILED JAN 23 1947

Registration District No. 149 Primary Registration District No. 1002

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

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:
2215 Denver /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 37 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2215 Denver Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William A. Stolper

3. (b) If veteran, name war No

3. (c) Social Security No. 496-10-4062

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bessie L. Stolper

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 29, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>9</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Editor

11. Industry or business East Side News

MOTHER FATHER

12. Name Adam G. Stolper

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

14. Maiden name Flora Pawcett

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

16. (a) Informant Mrs. Bessie Stolper

(b) Address 2215 Denver St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/47
(Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 East 15th, St.

19. (a) 1-7-47 (Date received local registrar) (b) Theraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th,
year 1947 hour 6 minute 09 A.M.

21. I hereby certify that I attended the deceased from 1943
to Jan 6, 1947
that I last saw him alive on Jan 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death agranulocytic angina Duration 2 days

Due to agranulocytes and calcinonatoses

Due to primary in long standing 3 yrs

Other conditions 5-15
(Include pregnancy within 3 months of death)

Major findings: 5-15

Of operations _____

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 _____

23. Signature Wm. Jackson (M. D. or other)
Address 1107 Belmont Bldg Date signed 1/7/47

Dr William R. Jackson
Bryant Bldg.
11th Grand

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.....

Licensed Embalmer No. *2953*

P. O. Address. *12 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.