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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9196

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1213

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: 4610 Pennsylvania
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)
In this community over 60 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")

(d) Street No. 4610 Pennsylvania 3
(If rural, give location) 6

(e) Citizen of foreign country? no. (Yes or No) 3
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Stella Josephine King

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

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Arthur J. King

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

7. Birth date of deceased February (Month) 13 (Day) 1860 (Year)

8. AGE: Years 87 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation at home.

11. Industry or business x

MOTHER FATHER

12. Name Myron A. Cunningham

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

14. Maiden name Caroline C. Todd

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

16. (a) Informant George F. Green,

(b) Address 5601 Oak St., Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-17-47 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1947 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from Feb 25, 1947, to March 14, 1947; that I last saw her alive on March 14, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute coronary occlusion	5 min
Due to: Arteriosclerosis - generalized with myocardial arteriosclerosis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0	
Of autopsy: none	

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) no

(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 0

23. Signature M. Donald McFarland (M. D. or other) M.D.

Address Plaza Medical Bldg. Date signed 3-15-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. Donald McFarland

Elegi Med.
Lo. 15-33

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 J. Clair Shipper Jr.

Licensed Embalmer No. 4179

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.