S. No. 2
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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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9420

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1330

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: 3230 Park Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 3230 Park Avenue 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Melvin M. STAMBAUGH

3. (b) If veteran, name war no
3. (c) Social Security No. 491-05-0055

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gertrude Stambaugh
6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March (Month) 26, (Day) 1883 (Year)

8. AGE: Years 63 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Polk County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Katz Drug Company

FATHER
12. Name Amos Stambaugh
13. Birthplace York County, (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Samantha V. Hanes
15. Birthplace Wabash County, (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs. Gertrude Stambaugh
(b) Address 3230 Park, K. C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 3-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20
year 1947 hour 9 minute A. 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 Coronary Thrombosis acute cardiac dilatation.	
Due to Coronary atherosclerosis, severe	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
Of autopsy 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 0

23. Signature Jack H. Hill (M. D. or other) M.D.
Address Trinity Lutheran Hospital Date signed 20 Mar 47

(Licensed Embalmer's Statement on Reverse Side)

Ship Out

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. Peck

Licensed Embalmer No. 4063

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.