

S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X38671

FILED APR 23 1947

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1643

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:
2829 Monroe
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 35 years
years, months or days)

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. 2829 Monroe 8
(If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LOUISE GRANT STANLEY

3. (b) If veteran, name war - no 3. (c) Social Security No. none

4. Sex fe 5. Color or race white 6. (a) Single, widowed, married, divorced wid 2

6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 16 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>23</u>	<u>22</u> hr. _____ min.

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

10. Usual occupation Home maker

11. Industry or business hpme

12. Name James P. Shields

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

14. Maiden name Janet Payne

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

16. (a) Informant Alma Sharp

(b) Address 2829 Monroe

17. (a) Burial (b) Date thereof 4-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Independence Bldg.

19. (a) 4-10-47 (b) Stearline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
 year 1947 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 5, 1947, to April 8, 1947
 that I last saw her alive on April 8, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cholecystitis Duration 5 weeks

Due to Cholelithiasis → Un-
stones known

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None 126
 Of operations _____
 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) _____
 (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)
 (c) Means of injury _____

23. Signature Kenwood G. Davis (M. D. or other) M.D.
 Address 201 Plaza Theater Bldg Date signed April 9

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

MOTHER FATHER

Kenneth Davis
Play Director

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.....

H. B. Blackman

Licensed Embalmer No.

3639

P. O. Address.....

R. 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.