

Registration District No. 149 Primary Registration District No. 10-02 Registrar's No. 3136

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:
(Hotel) 104 West 9th. St. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 6 weeks

3. (a) PRINT FULL NAME Harry F. Stockhoff

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased Dec. 2 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 22
If less than one day hr. _____ min. _____

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

10. Usual occupation retired farmer

11. Industry or business _____

12. Name William Stockhoff

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

14. Maiden name Sophia Winkelman

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

16. (a) Informant Mrs. Ray Gregory

(b) Address Bethel, Kansas

17. (a) burial (b) Date thereof 7/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quindaro K.C.K.

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

(b) Address 4139 E. 15th. St., Kansas City, Mo.

19. (a) 7-25-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

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

(d) Street No. Rural, Route # 1
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1947 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to _____

Due to _____

Other conditions 93d
(Deputy Coroner)

Major findings: History & Inspection

Of autopsy _____

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? 3

While at work? _____ (Specify type of place)

23. Signature O. E. Archer (M. D. or other health officer)
2800 Main Date of issue 7/25/47

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

MOTHER FATHER

18
3
8

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.....

John B. Camp

Licensed Embalmer No.....

2455-B

P. O. Address.....

H. C. Hunt

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.