. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38441

Registrar's No. 4728

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: 3536 Bell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 12 Days
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. 3536 Bell 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME MRS. BARBARA STALLMAN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Bernard Stallman

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

7. Birth date of deceased July 19 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	3	23	hr. min.

9. Birthplace Bavaria Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Gottlieb Mittlemeyer
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Arnold
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Kamphaus
(b) Address 3536 Bell

17. (a) Removal (b) Date thereof 11/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wien, Mo.

18. (a) Signature of funeral director Quirk & Tobin Co
(b) Address 20 West Linwood

19. (a) 11-12-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day Nov
year 1947 hour 3:13 minute A M.

21. I hereby certify that I ~~attended~~ attended the deceased from Nov 11, 1947 to Nov 12, 1947
that I last saw her alive on Nov 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Hemiplegia
Due to Hypertension
arteriosclerosis
Due to senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Delor A Williams (M. D. ~~or other~~)
Address 806 Prof Bldg Date signed 11/12/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1948

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~~ Francis L. Fisher, Registered Apprentice No. 47, working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, Missouri

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.