

FILED NOV 24 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38445

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4746

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett, Kansas City
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 weeks (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Reynolds
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WELL: E RUTH STOLLING

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

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

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

7. Birth date of deceased Oct 4 1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name James Porter Stollings

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

14. Maiden name Annanda V. Stollings

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

16. (a) Informant Walter P. Stollings
(b) Address 212 Reynolds, Mo

17. (a) Burial (b) Date thereof Nov 14 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Liberty, near Kennett, Mo

18. (a) Signature of funeral director Chinck - Wicher
(b) Address Liberty, Mo

19. (a) 11-13-47 (b) Theraphine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 13, year 1947, hour 1, minute - A.M.

21. I hereby certify that I attended the deceased from October 15, 1947, to Nov 13, 1947, that I last saw him alive on Nov 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia - 2 mo duration
Reynolds

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy same as

Duration

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? D

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm Goodson (M. D. or other) MD
Address Liberty, Mo Date signed 11/13/47

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

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.....

Harold B. Smith, Registered Apprentice No. 33
working under my personal supervision.

Signed John S. Lombard
Licensed Embalmer No. 4448
P. O. Address Liberty 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.