U. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1948

Registration District No. 949

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41937

Primary Registration District No. 1002

Registrar's No. 5571

**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: General Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
In this community 3 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1519 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Floyd Stapleton
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased August (Month) 25 (Day) 1927 (Year)

8. AGE: Years 20 Months 4 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation unemployed
11. Industry or business

FATHER
12. Name Matthew Stapleton
13. Birthplace Fayette (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Joyce Collins
15. Birthplace Houston (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Joyce Stapleton
(b) Address 2845 Jackson, K.C. Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn K.C.K.
18. (a) Signature of funeral director Alice Bailey Fun. Home
(b) Address 2065 N. 5th. St. Kansas City, Ks.
19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 31 year 1947 hour 12 minute 20 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.

Deputy - Coroner

| Immediate cause of death | Duration |
|---|---|
| Cardiac Failure | |
| Due to Pulmonary T.B. | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy No - Permit

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

23. Signature H. Williams (M. D. or other)
Address 2634 - Brooklyn Date signed 1-[illegible]-48

(Licensed Embalmer's Statement on Reverse Side)

## 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 E. Sterling Bills

Licensed Embalmer No. 73178

P. O. Address 1212 Vine 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.**