

FILED MAY 7 1948
Registration District No. 219

Primary Registration District No. 1002

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 **3510 Drury /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Maggie Mcneal Stokes**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **25** years
7. Birth date of deceased **Nov. 25, 1882**
(Month) (Day) (Year)

8. AGE: Years **65** Months **4** Days **26** If less than one day hr. min.

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

10. Usual occupation **Housework**

11. Industry or business **At home**

12. Name **CALEB BROWN**

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

14. Maiden name **JORA ?**

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

16. (a) Informant **Lillian Williams**

(b) Address **Leavenworth, Kansas**

17. (a) **Removal** (b) Date thereof **7-27-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cem. W. C. Kansas**

18. (a) Signature of funeral director **Walbran W. Kistner**

(b) Address **1520 N. 5th Street**

19. (a) **4-24-48** (b) **Thelma Holmes**
(Date received local registrar) (Registrar's signature)

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. **3510 Drury**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20th**
year **1948** hour **4:** minute **29 P. M.**

21. I hereby certify that I attended the deceased from **June 20**, 19**47** to **April 20**, 19**48**
that I last saw her alive on **April 20**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **6 hours**
Hypertension **2 years**
Arteriosclerosis **2 years**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **830**
Of autopsy

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.....
While at work? (Specify type of place) (c) Means of injury **2**
Signature **Dr. Carl T. Munn** (M. D. or other) **Dr.**
Address **6425 E. 37th** Date signed **4-23-48**

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

MOTHER FATHER

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.....

Nathan W. Hester

Licensed Embalmer No.....

2700

P. O. Address.....

K.C.N.

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.