S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12910

Registrar's No. 1435

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: 6015 Holmes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 31 Yr's
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6015 Holmes 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mr. Ernest John Stoller

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-4717

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mrs. Ruth Stoller

6. (c) Age of husband or wife if alive ~~42~~ 43 years

7. Birth date of deceased Aug. 5 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Switzerland 3
(City, town, or county) (State or foreign country)

10. Usual occupation Steamfitter

11. Industry or business

12. Name John Stoller

13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Stoller

(b) Address 6015 Holmes

Burial (b) Date thereof 4-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Stine & McClure

(b) Address Kansas City Mo.

19. (a) 4-1-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1948 hour 7 minute 55 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h 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
(Include pregnancy within 3 months of death)
Deputy Coroner

Major findings
Of operations

Of autopsy History & Inspection

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Ussher (M. D. or other) Mo.

Address 2800 Main Date signed 3/31/48

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1949

DEC 6 1950

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 Max E. Meyer, Registered Apprentice No. 49, working under my personal supervision.

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.
Local Registrar's No. 1435-48

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12th day of April, 1948, before me appears Ruth Stoller, who, upon her oath, states that the original record of ~~birth~~ death for Ernest John Stoller died ~~born~~ March 1, 1948, in the State of Missouri, and which was filed at Kansas City on 4-1, 1948, should be corrected as follows:

Item No. 6(c) should read 43
Instead of 42

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ruth Stoller (Wife)
Relationship

6015 Holmes
Present Address.
K. C. Mo.

Subscribed and sworn to before me this 12 day of April, 1948

My Commission expires Oct 21. 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
1 X36667

S-12910