

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Prairie Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Jackson Co. Home for aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 yrs. 6 mth. 8 da  
(Specify whether years, months or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City, Mo 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1305 1st St 8  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANCES STANLEY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 1 5. Color or race W 6. (a) Single, widowed, married, divorced M / 1  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 2-2-1877  
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

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

14. Maiden name \_\_\_\_\_ 9

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

16. (a) Informant Jackson Co. Home, Parade

(b) Address R. R. # 4 - Indep. Mo

17. (a) BURIAL (b) Date thereof APRIL 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hills Cem.

18. (a) Signature of funeral director Geo C Carson

(b) Address Independence Mo

19. (a) APRIL 19, 1948 (b) Donald C. Emswiler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1948 hour 4:15 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1948 to April 15, 1948 and that I last saw him alive on April 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work: (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature JH Green (M. D. or other) \_\_\_\_\_

Address Independence Date signed 4/16/48

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

48  
0  
0

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**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 R D. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence 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.**