

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

19686
State File No. _____
Registrar's No. **2614**

FILED JUL 3 1948

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
 (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 No. 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day 75 mins.**
 (Specify whether years, months or days) **25 yrs**

3: (a) PRINT FULL NAME **Allen Lewis Stout**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Div. 2**
 6. (b) Name of husband or wife **Unk.** 6. (c) Age of husband or wife if alive **Unk.** years
 7. Birth date of deceased **11/16/1864**
 (Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **5** If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **--**

MOTHER FATHER {
 12. Name **Zachariah Stout**
 13. Birthplace **North Carolina**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary Cecil**
 15. Birthplace **No Carolina**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ella Sidwell**

(b) Address **137 No Lawdale**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/23/48**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Cornelia, Mo.**

18. (a) Signature of funeral director **John P. Sheil**

(b) Address **Kansas City, Mo.**

19. (a) **6-22-48** (Date received local registrar) (b) **Geraldine Holmes** (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. **137 No. Lawdale**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **21**
 year **1948** hour **11** minute **15 A.** M.
 21. I hereby certify that I attended the deceased from **June 20**, 19**48** to **June 21**, 19**48**;
 that I last saw **him** alive on **June 21**, 19**48**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Confluent bronchopneumonia**
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: **107**
 Of operations _____
 Of autopsy **See above**

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 _____
 Signature **W. W. Hart** (M. D. or other) **W**
 Address **Med. Dir. Gen'l Hosp.** Date signed **6-21-48**

Dr. Perri

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 _____

Charles E. Mayfield, Registered Apprentice No. *78*
working under my personal supervision.

Signed *John P. Shick*

Licensed Embalmer No. *3625*

P. O. Address *K 6 40*

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.